

Certificate of Need Project #5491 HS

Saint Luke's Hospital of Kansas City: Acquire PET/CT System



Certificate of Need Program
NEW OR ADDITIONAL EQUIPMENT APPLICATION
 Applicant's Completeness Checklist and Table of Contents

Project Name: SLH of Kansas City: Acquire New PET/CT

Project No: 5491 HS

Project Description: Saint Luke's Hospital of Kansas City: Acquire New PET/CT System

Done Page N/A Description

Divider I. Application Summary:

- 2 1. Applicant Identification and Certification (Form MO 580-1861).
- 3-5 2. Representative Registration (Form MO 580-1869).
- 6 3. Proposed Project Budget (Form MO 580-1863) and detail sheet with documentation of costs.

Divider II. Proposal Description:

- 7 1. Provide a complete detailed project description and include equipment bid quotes.
- 7 2. Provide a legible city or county map showing the exact location of the project.
- 7 3. Define the community to be served.
- 8 4. Provide 2020 population projections for the proposed geographic service area.
- 10 5. Provide other statistics to document the size and validity of any user-defined geographic service area.
- 10 6. Identify specific community problems or unmet needs the proposal would address.
- 11 7. Provide historical utilization for each of the past three years and utilization projections through the first three full years of operation of the new equipment.
- 11 8. Provide the methods and assumptions used to project utilization.
- 12 9. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.
- 68 10. Provide copies of any petitions, letters of support or opposition received.

Divider III. Community Need Criteria and Standards:

- 69 1. For new units address the need formula for the proposed geographic service area.
- 69 2. For new units, address the minimum annual utilization standard for the proposed geographic service area.
- 3. For any new unit where specific need and utilization standards are not listed, provide the methodology for determining need.
- 4. For additional units, document compliance with the optimal utilization standard, and if not achieved, provide documentation to justify the additional unit.
- 5. For evolving technology address the following:
 - Medical effects as described and documented in published scientific literature;
 - The degree to which the objectives of the technology have been met in practice;
 - Any side effects, contraindications or environmental exposures;
 - The relationships, if any, to existing preventive, diagnostic, therapeutic or management technologies and the effects on the existing technologies;
 - Food and Drug Administration approval;
 - The need methodology used by this proposal in order to assess efficacy and cost impact of the proposal; and
 - The degree of partnership, if any, with other institutions for joint use and financing.

Divider IV. Financial Feasibility Review Criteria and Standards:

- 71 1. Document that sufficient financing is available by providing a letter from a financial institution or an auditor's statement indicating that sufficient funds are available.
- 83 2. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) projected through three full years beyond project completion.
- 70 3. Document how patient charges were derived.
- 84 4. Document responsiveness to the needs of the medically indigent.

Divider I. Application Summary:

1. Applicant Identification and Certification (Form MO 580-1861).

The required Applicant Identification and Certification (MO 580-1861) is included in this application as Exhibit I-1 on page 2.

2. Representative Registration (Form MO 580-1869).

The required Representative Registration forms (MO 580-1869) for the proposed project are included in this application as Exhibit I-2 on pages 3-5.

3. Proposed Projected Budget (Form MO 580-1863) and detail sheet.

The Proposed Project Budget is set forth on Form MO 580-1863 as Exhibit I-3 on page 6.



Certificate of Need Program

APPLICANT IDENTIFICATION AND CERTIFICATION

The information provided must match the **Letter of Intent** for this project, without exception.

1. Project Location (Attach additional pages as necessary to identify multiple project sites.)

Title of Proposed Project Saint Luke's Hospital of Kansas City: Acquire PET/CT System	Project Number #5491 HS
Project Address (Street/City/State/Zip Code) 4401 Wornall Rd Kansas City, MO 64111	County Jackson

2. Applicant Identification (Information must agree with previously submitted Letter of Intent.)

List All Owner(s): (List corporate entity)	Address (Street/City/State/Zip Code)	Telephone Number
Saint Luke's Hospital of Kansas City	4401 Wornall Rd, Kansas City MO 64111	(816) 932-2000
List All Operator(s): (List entity to be licensed or certified.)	Address (Street/City/State/Zip Code)	Telephone Number
Saint Luke's Hospital of Kansas City	4401 Wornall Rd, Kansas City, MO 64111	(816) 932-2000

3. Ownership (Check applicable category.)

- Nonprofit Corporation
 Individual
 City
 District
 Partnership
 Corporation
 County
 Other _____

4. Certification

In submitting this project application, the applicant understands that:

- (A) The review will be made as to the community need for the proposed beds or equipment in this application;
- (B) In determining community need, the Missouri Health Facilities Review Committee (Committee) will consider all similar beds or equipment within the service area;
- (C) The issuance of a Certificate of Need (CON) by the Committee depends on conformance with its Rules and CON statute;
- (D) A CON shall be subject to forfeiture for failure to incur an expenditure on any approved project six (6) months after the date of issuance, unless obligated or extended by the Committee for an additional six (6) months;
- (E) Notification will be provided to the CON Program staff if and when the project is abandoned; and
- (F) A CON, if issued, may not be transferred, relocated, or modified except with the consent of the Committee.

We certify the information and date in this application as accurate to the best of our knowledge and belief by our representative's signature below:

5. Authorized Contact Person (Attach a Contact Person Correction Form if different from the Letter of Intent.)

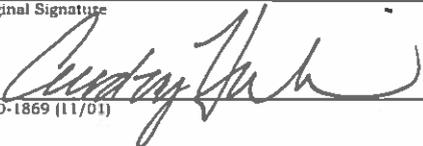
Name of Contact Person Audrey Hill	Title Dir. Government & Community Relations
Telephone Number (816) 932-5027	Fax Number E-mail Address ahill@saint-lukes.org
Signature of Contact Person 	Date of Signature 05-27-2017



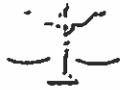
Certificate of Need Program

REPRESENTATIVE REGISTRATION

(A registration form must be completed for each project presented.)

Project Name Saint Luke's Hospital of Kansas City: Acquire New PET/CT System		Number #5491 HS
<i>(Please type or print legibly.)</i>		
Name of Representative Audrey Hill		Title Dir. Government & Community Relations
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) Saint Luke's Health System		Telephone Number (816) 932-5027
Address (Street/City/State/Zip Code) 901 E 104th St, Kansas City, MO 64131		
Who's interests are being represented? <i>(If more than one, submit a separate Representative Registration Form for each.)</i>		
Name of Individual/Agency/Corporation/Organization being Represented Saint Luke's Hospital of Kansas City		Telephone Number (816) 932-2000
Address (Street/City/State/Zip Code) 4401 Wornall Rd, Kansas City, MO 64111		
Check one. Do you: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neutral		Relationship to Project: <input type="checkbox"/> None <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Legal Counsel <input type="checkbox"/> Consultant <input type="checkbox"/> Lobbyist <input type="checkbox"/> Other (explain):
Other Information: _____		 _____
<p>I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: <i>Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in § 105.478, RSMo.</i></p>		
Original Signature 		Date 6/23/2017

MO 580-1869 (11/01)



Certificate of Need Program

REPRESENTATIVE REGISTRATION

(A registration form must be completed for each project presented.)

Project Name Saint Luke's Hospital of Kansas City: Acquire New PET/CT System		Number #5491 HS
<i>(Please type or print legibly.)</i>		
Name of Representative Chris Lipp		Title System Dir, Cardiovascular Svcs Line
Firm/Corporation/Association of Representative (may be different from below e.g., law firm, consultant, etc.) Saint Luke's Health System		Telephone Number (816) 932-3233
Address (Street/City/State/Zip Code) 901 E 104th St, Kansas City, MO 64131		
Who's interests are being represented? <i>(If more than one, submit a separate Representative Registration Form for each.)</i>		
Name of Individual/Agency/Corporation/Organization being Represented Saint Luke's Hospital of Kansas City		Telephone Number (816) 932-2000
Address (Street/City/State/Zip Code) 4401 Wornall Rd, Kansas City, MO 64111		
Check one. Do you: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neutral		Relationship to Project: <input type="checkbox"/> None <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Legal Counsel <input type="checkbox"/> Consultant <input type="checkbox"/> Lobbyist <input type="checkbox"/> Other (explain):
Other Information: _____ _____		
<p>I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: <i>Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in § 105.478, RSMo.</i></p>		
Original Signature 		Date 6/23/2017

MO 590-1.809 (11/03)



Certificate of Need Program

REPRESENTATIVE REGISTRATION

(A registration form must be completed for each project presented.)

Project Name Saint Luke's Hospital of Kansas City: Acquire New PET/CT System	Number #5491 HS
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(Please type or print legibly.)

Name of Representative Tim Van Zandt	Title VP, Government & Community Relations
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Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) Saint Luke's Health System	Telephone Number (816) 932-8160
--	---

Address (Street/City/State/Zip Code)
901 E 104th St, Kansas City, MO 64131

Who's interests are being represented?
(If more than one, submit a separate Representative Registration Form for each.)

Name of Individual/Agency/Corporation/Organization being Represented Saint Luke's Hospital of Kansas City	Telephone Number (816) 932-2000
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Address (Street/City/State/Zip Code)
4401 Wornall Rd, Kansas City, MO 64111

Check one. Do you:

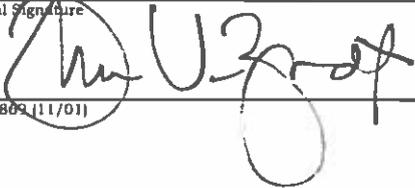
- Support
- Oppose
- Neutral

Relationship to Project:

- None
- Employee
- Legal Counsel
- Consultant
- Lobbyist
- Other (explain):

Other Information:

I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: *Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in § 105.478, RSMo.*

Original Signature 	Date 6/23/2017
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MO 580-1889 (11/01)



Certificate of Need Program

PROPOSED PROJECT BUDGET

Description

Dollars

COSTS:*

(Fill in every line, even if the amount is "\$0".)

1. New Construction Costs ***	_____
2. Renovation Costs ***	_____
3. Subtotal Construction Costs (#1 plus #2)	<u> \$0</u>
4. Architectural/Engineering Fees	_____
5. Other Equipment (not in construction contract)	_____
6. Major Medical Equipment	<u> \$2,979,554</u>
7. Land Acquisition Costs ***	_____
8. Consultants' Fees/Legal Fees ***	_____
9. Interest During Construction (net of interest earned) ***	_____
10. Other Costs ***	<u> \$75,000</u>
11. Subtotal Non-Construction Costs (sum of #4 through #10)	<u> \$3,054,554</u>
12. Total Project Development Costs (#3 plus #11)	<u> \$3,054,554 **</u>

FINANCING:

13. Unrestricted Funds	<u> \$3,054,554</u>
14. Bonds	_____
15. Loans	_____
16. Other Methods (specify)	_____
17. Total Project Financing (sum of #13 through #16)	<u> \$3,054,554 **</u>

18. New Construction Total Square Footage	_____
19. New Construction Costs Per Square Foot *****	_____
20. Renovated Space Total Square Footage	_____
21. Renovated Space Costs Per Square Foot *****	_____

* Attach additional page(s) detailing how each line item was determined, including all methods and assumptions used. Provide documentation of all major costs.

** These amounts should be the same.

*** Capitalizable items to be recognized as capital expenditures after project completion.

**** Include as Other Costs the following: other costs of financing; the value of existing lands, buildings and equipment not previously used for health care services, such as a renovated house converted to residential care, determined by original cost, fair market value, or appraised value; or the fair market value of any leased equipment or building, or the cost of beds to be purchased.

***** Divide new construction costs by total new construction square footage.

***** Divide renovation costs by total renovation square footage.

Divider II. Proposal Description

1. Provide a complete detailed project description and include bid quotes.

Since its inception in 1882 Saint Luke's Hospital of Kansas City has provided a wide range of medical services. With this project, Saint Luke's Hospital is seeking to acquire a new whole body PET/CT system.

PET, or positron emission tomography, uses higher energy isotopes to achieve a better image of the heart than the standard nuclear camera. Unlike magnetic resonance imaging (MRI) which reveals the structure of and blood flow to and from organs, a PET scan gives more information about how organs and tissues are working. A heart PET scan can detect whether areas of your heart muscle are receiving enough blood, if there is heart damage or scar tissue in the heart, or if there is a buildup of abnormal substances in the heart muscle. The new Discovery MI PET/CT system will bring advancements in quantitative PET imaging and single PET/CT organ imaging while providing the highest PET sensitivity available.

The total project exceeds the \$1.0 million threshold because of the advanced level of technology and additional capabilities that is provided by the new equipment. The total project cost, including shielding, is \$3,054,554. The advanced level of technology and additional capabilities will allow earlier disease diagnosis and improved guide treatment strategies. A detailed quote is included in this application as Exhibit II-1 on page 13.

The most current equipment inventory prepared by the Certificate of Need program currently shows 2.84 existing PET/CT systems in our service area. As outlined in Divider III, the needs based formula indicates the need for one additional PET/CT system.

2. Provide a legible city or county map showing the exact location of the project.

The required map showing the location of the proposed equipment is included in Exhibit II-2 on page 37.

3. Define the community to be served.

Saint Luke's Hospital of Kansas City is part of Saint Luke's Health System, a community based not-for-profit health system serving the Kansas City region. The Hospital is located within Jackson County, serving Kansas City and surrounding communities. For this project, the service area for Saint Luke's Hospital's Mid-America Heart Institute is defined as a 72 zip code region in The Kansas City, Missouri region.

A map of the service area is included in this application as Exhibit II-2 on page 37.

4. Provide 2020 population projections for the proposed geographic service area.

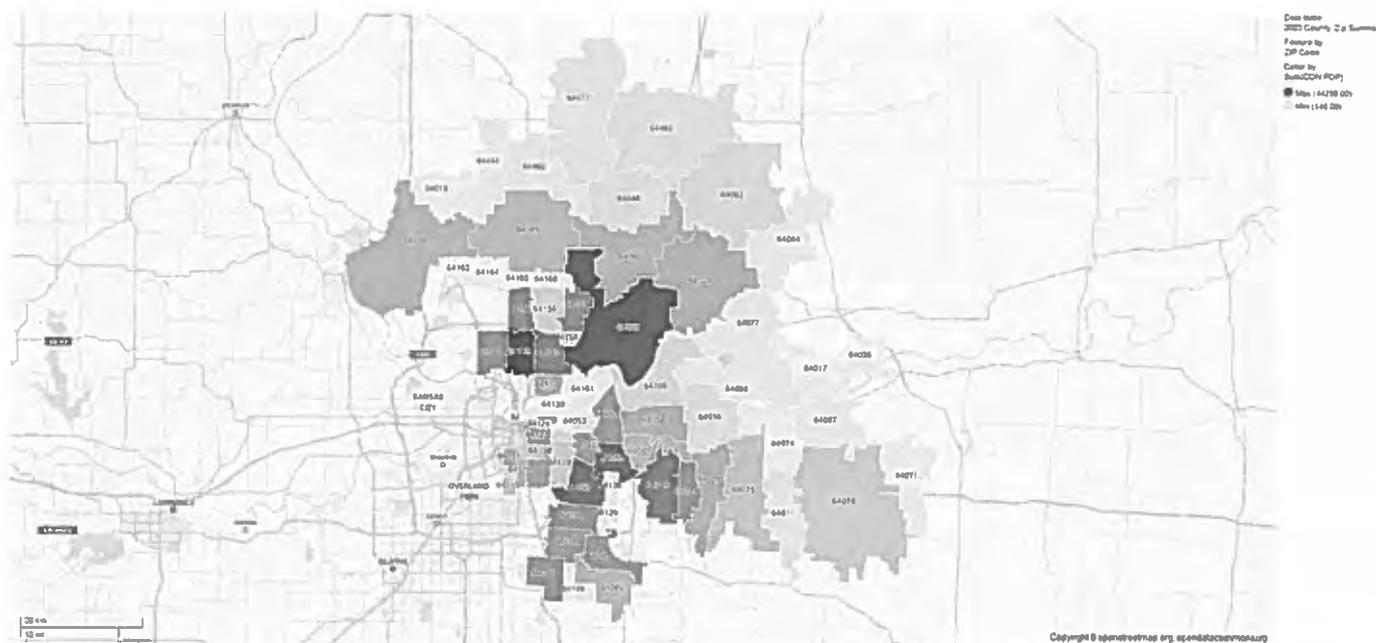
According to the Missouri Bureau of Vital Statistics, the projected population for the Saint Luke's Hospital of Kansas City Mid-America Heart Institute service area is expected to reach 867,271 by the year 2020.

ZIP Code	ZIP City Name	County	Total POP	Total POP 65+	Sum(Sum of PET/CT)
64011	Bates City	Lafayette	3022	435	
64014	Blue Springs	Jackson	25622	2768	
64015	Blue Springs	Jackson	32256	4277	
64016	Buckner	Jackson	4870	687	
64017	Camden	Ray	475	84	
64018	Camden Point	Platte	899	174	
64024	Excelsior Springs	Clay	17753	3274	0.04
64029	Grain Valley	Jackson	17126	1682	
64030	Grandview	Jackson	25235	3381	
64036	Henrietta	Ray	352	37	
64048	Holt	Clay	4506	784	
64050	Independence	Jackson	22917	4277	
64052	Independence	Jackson	21607	3821	
64053	Independence	Jackson	5497	818	
64054	Independence	Jackson	3855	617	
64055	Independence	Jackson	34985	8654	
64056	Independence	Jackson	17127	2077	
64057	Independence	Jackson	14611	3074	
64058	Independence	Jackson	6882	911	
64060	Keamey	Clay	16275	2143	
64062	Lawson	Ray	6356	964	
64068	Liberty	Clay	41344	6091	0.2
64071	Mayview	Lafayette	788	146	
64074	Napoleon	Lafayette	622	123	
64075	Oak Grove	Jackson	12203	1818	
64076	Odessa	Lafayette	9892	1685	
64077	Orrick	Ray	1953	305	
64079	Platte City	Platte	15809	2099	
64081	Lees Summit	Jackson	23915	4986	
64082	Lees Summit	Jackson	14937	1622	
64084	Rayville	Ray	1587	289	
64088	Sibley	Jackson	1425	284	
64089	Smithville	Clay	14512	1942	
64097	Wellington	Lafayette	1386	259	
64109	Kansas City	Jackson	10262	1170	
64110	Kansas City	Jackson	15828	1607	
64111	Kansas City	Jackson	16862	1862	2.6

64112	Kansas City	Jackson	8419	1267	
64113	Kansas City	Jackson	11704	1735	
64117	Kansas City	Clay	15505	2165	
64118	Kansas City	Clay	44258	7312	
64119	Kansas City	Clay	30447	5167	
64120	Kansas City	Jackson	381	78	
64123	Kansas City	Jackson	10732	1053	
64124	Kansas City	Jackson	13061	1114	
64125	Kansas City	Jackson	2018	175	
64126	Kansas City	Jackson	6731	630	
64127	Kansas City	Jackson	17909	1984	
64128	Kansas City	Jackson	12000	2091	
64129	Kansas City	Jackson	9803	1519	
64130	Kansas City	Jackson	21174	4394	
64133	Kansas City	Jackson	34905	6424	
64134	Kansas City	Jackson	22704	2685	
64136	Kansas City	Jackson	2225	413	
64138	Kansas City	Jackson	26136	4431	
64139	Kansas City	Jackson	1821	250	
64149	Kansas City	Jackson	355	96	
64151	Kansas City	Platte	26521	4253	
64155	Kansas City	Clay	26840	2657	
64156	Kansas City	Clay	8618	583	
64157	Kansas City	Clay	25783	1312	
64158	Kansas City	Clay	7358	314	
64161	Kansas City	Clay	396	55	
64163	Kansas City	Platte	735	104	
64164	Kansas City	Platte	349	66	
64165	Kansas City	Clay	145	12	
64166	Kansas City	Clay	313	76	
64167	Kansas City	Clay	401	49	
64444	Edgerton	Platte	1423	255	
64465	Lathrop	Clinton	4650	682	
64477	Plattsburg	Clinton	3620	752	
64492	Trimble	Clinton	2278	334	
Grand total	Grand total	Grand total	867,271	127,714	2.84

5. Provide other statistics to document the size and validity of any user-defined geographic service area.

The service area was chosen based on anticipated need. The PET/CT system will serve a growing population as indicated in the population map below. We also took into account patient origin zip codes at existing Saint Luke's facilities. It was clear upon analysis that patients living in this area were in need of expanded health care services including those which will be provided by the new system.



6. Identify specific community problems or unmet needs the proposal would address.

Saint Luke's Mid America Heart Institute offers the most comprehensive care in the Kansas City region. We are the only regional facility providing the full range of cardiovascular services, from prevention to heart transplantation.

The most recent Community Health Needs Assessment (CHNA) completed by Saint Luke's Hospital identified several unmet needs in Jackson County and the Kansas City region. Increased access to care along with access to vascular services were identified in the CHNA as priority needs.

Regular and reliable access to care can prevent disease, detect illness, increase life expectancy, and decrease overall health costs. With this new PET/CT system, the Saint Luke's Mid America Heart Institute will be able to offer patients a wide range of treatment options which will directly address their specialty needs.

The new PET/CT system will go beyond traditional bounds of imaging, offering a multitude of options for a wide range of patient shapes and sizes. With the addition of this new system, patients will have access to a range of new imaging modalities which were previously unavailable.

7. Provide historical utilization for each of the past three years and utilization projections through the first three years of operation of the new equipment.

The table below summarizes utilization projections for the new equipment which will be located at Saint Luke's Hospital of Kansas City.
 Saint Luke's Hospital of Kansas City
 PET Scans: CON Support

Year		1	2	3
		2018	2019	2020
% Growth		5%	5%	5%
PET UOS	IP	1,752	1,840	1,932
	OP	4,044	4,246	4,458
Total Charges		5,796	6,086	6,390
Case Count		1,683	1,767	1,856

8. Provide the methods and assumptions used to project utilization.

Two different approaches were taken to determine project utilization, both of which showed significant need.

Market- Based Projections

Baseline market volume was obtained from primary and specialty clinics with annual projections for growth based on historical patterns. Utilization of Imaging, specifically PET/CT was then assessed within each of these specialty and primary clinics. Growth factors and utilization rates for PET/CT were applied to obtain a trended summary and forecast for potential volumes within the cardiovascular imaging center.

Needs Based Projections

Our second approach was need based, using CON standard evaluation formulas, where 1 PET/CT per 224,000 in population is called for.

Calculation of MRI Need
Population Formula minus Inventory
 (Unmet need = (R x P) – U) where:
 P = Year 2020 population in the service area
 (Use population in 19 CSR 60-50.430*);
 U = Number of service units in the service area(s); and
 R = Community need rate of one (1) unit per population
 (1/224,000 x 867,271) – 2.84 = 1.08 units needed

* Missouri Bureau of Vital Statistics population projections used here are for the year 2020

9. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.

Saint Luke's Health System continuously monitors consumer preference and researches patient needs for the Kansas City Region. Saint Luke's Health System entities have continuously shown some of the best patient satisfaction rates in the metropolitan area.

Saint Luke's maintains partnerships with a wide range of community groups and social service organizations in Jackson County and the Kansas City region, allowing for collaboration among stakeholders. All Saint Luke's Health System hospitals conduct Community Health Need's Assessments (CHNA's) at least once every three years, in which community needs and preferences are documented and integrated into strategic plans. The most recent CHNA for Saint Luke's Hospital of Kansas City has been included in Exhibit II-3, starting on page 38.

You will also find a copy of a public notice informing the public of application submission included in Exhibit II-4, starting on page 67. The notice was published in The Kansas City Star on June 22nd, 2017.

With the addition of this PET/CT system, Saint Luke's plans to address several identified health needs while continuing our outstanding rates of patient satisfaction by offering new services to community members seeking treatment close to home.

10. Provide copies of any petitions, letters of support or opposition received.

Copies of any petition, letters of support, or opposition have been included in Exhibit II-5, starting on page 68.



GE Healthcare

Date: 03-28-2017
Quote #: PR9-C92087
Version #: 1

Saint Lukes Hospital of Kansas City Attn: Dwight Mayhugh
4401 Wornall Rd
Kansas City MO 64111-3220

Customer Number : 1-23KTCF
Quotation Expiration Date: 06-26-2017

The terms of the Master Purchasing Agreement, Strategic Alliance Agreement or GPO Agreement referenced below as the Governing Agreement shall govern this Quotation. No additional or different terms shall apply unless agreed to in writing by authorized representatives of both parties.

Governing Agreement: Novation - Vizient Supply LLC
Terms of Delivery: FOB Destination
Billing Terms: 80% delivery / 20% Installation
Payment Terms: NET 30
Total Quote Net Selling Price: \$2,979,554.83

INDICATE FORM OF PAYMENT:

If "GE HFS Loan" or "GE HFS Lease" is NOT selected at the time of signature, then you may NOT elect to seek financing with GE Healthcare Financial Services (GE HFS) to fund this arrangement after shipment.

Cash/Third Party Loan

GE HFS Lease

GE HFS Loan

Third Party Lease (please identify financing company) _____

By signing below, each party certifies that it has not made any handwritten modifications. Manual changes or mark-ups on this Agreement (except signatures in the signature blocks and an indication in the form of payment section below) will be void.

Each party has caused this agreement to be executed by its duly authorized representative as of the date set forth below.

CUSTOMER

Authorized Customer Signature Date

Print Name Print Title

Purchase Order Number (if applicable)

GE HEALTHCARE
Christopher Heble 03-28-2017

Signature Date
Imaging Account Manager
Email: Christopher.Heble@med.ge.com
Mobile: +1 913 638 2348
Fax: 414-908-9661



GE Healthcare

Date: 03-28-2017
Quote #: PR9-C92087
Version #: 1

Total Quote Selling Price	\$2,979,554.83
Trade-In and Other Credits	\$0.00

Total Quote Net Selling Price	\$2,979,554.83

To Accept this Quotation
Please sign and return this Quotation together with your Purchase Order To:
Christopher Heble
Mobile: +1 913 638 2348
Email: Christopher.Heble@med.ge.com
Fax: 414-908-9661

Payment Instructions
Please Remit Payment for invoices associated with this quotation to:
GE Healthcare
P.O. Box 96483
Chicago, IL 60693

To Accept This Quotation

- Please sign the quote and any included attachments (where requested).
- If requested, please indicate, your form of payment.
- If you include the purchase order, please make sure it references the following information
 - The correct Quote number and version number above
 - The correct Remit To information as indicated in "Payment Instructions" above
 - The correct SHIP TO site name and address
 - The correct BILL TO site name and address
 - The correct Total Quote Net Selling Price as indicated above

"Upon submission of a purchase order in response to this quotation, GE Healthcare requests the following to evidence agreement to contract terms, Signature page on quote filled out with signature and P.O. number,
*****OR*****
Verbiage on the purchase order must state one of the following: (i) Per the terms of Quotation # _____; (ii) Per the terms of GPO# _____; (iii) Per the terms of MPA # _____; or (iv) Per the terms of SAA # _____. Include the applicable quote/agreement number with the reference on the purchase order. In addition, source of funds (choice of: Cash/Third Party Loan or GE HFS Lease or GE HFS Loan or Third Party Lease through _____), must be indicated, which may be done on the quote signature page (for signed quotes), on the purchase order (where quotes are not signed) or via a separate written source of funds statement (if provided by GE Healthcare)."



GE Healthcare

Date: 03-28-2017
Quote #: PR9-C92087
Version #: 1

03-28-2017

GPO Agreement Reference Information

Customer: Dwight Mayhugh
Contract Number: PLEASE SEE NOVATION CONTRACT # BELOW
Start Date:
End Date: 12/31/2021

Billing Terms: 80% delivery / 20% Installation
Payment Terms: NET 30
Shipping Terms: FOB Destination

NOTICE REGARDING COMPUTED TOMOGRAPHY ("CT") PRODUCTS. This notice applies only to the following GE Healthcare products: CT: Revolution CT and EVO, Optima 680 CT and Optima 520 CT. GE Healthcare has reclassified several advanced software tools and associated documentation to a GE Healthcare Technical Service Technology package that GE Healthcare feels will bring greater value and interest to our customers. GE Healthcare will continue to provide trained Customer employees with access to the GE Healthcare Technical Service Technology package under a separate agreement. GE Healthcare will continue to provide customers and their third party service providers with access to software tools and associated documentation in order to perform basic service on the CT, MR and NM products listed above upon a request for registration for such access. This will allow GE Healthcare to react faster to the future service needs of GE Healthcare customers. If you have any questions, you can contact your sales Service Specialist.

This product offering is made per the terms and conditions of Novation/GE Healthcare GPO Agreement # XR0321 (CT) and # XR0351 (PET-CT).

For access to the applicable Novation Agreement and Contract Summary, please login to the Novation Marketplace website. If you require assistance or are experiencing issues please contact one of the following for support:

Novation Customer Service (888) 7-NOVATE NOVCustomerService@novationco.com

Web Site Technical Support (800) 327-8116 NovationTechSupport@novationco.com



GE Healthcare

Date: 03-28-2017
Quote #: PR9-C92087
Version #: 1

Item No.	Qty	Catalog No.	Description
1	1	S9120CO	<p>Discovery MI</p> <p>Discovery MI is the next evolution in whole body PET/CT platform, bringing clinically-relevant innovations in an evolutionary platform designed to open doors to new and advanced procedure possibilities in a non-invasive diagnostic imaging. Many of the subsystems have been reimagined to bring advances in quantitative PET imaging, single PET/CT organ imaging, managing patient breathing and cardiac movement, PET and CT iterative reconstruction technologies, and workflow efficiency, while providing the highest PET sensitivity in the industry.</p> <p>Discovery MI platform introduces new SiPM based PET detector, designed for optimal detection efficiency and clinical versatility. The new SiPM based PET detector sensitivity and NECR properties are optimized to perform with any PET tracer currently available for improved PET/CT imaging thus potentially allowing faster acquisition time and/or lower injected PET dose.</p> <p>The Discovery MI 4ring consists of an integrated gantry containing:</p> <ul style="list-style-type: none"> o anRevolution Evo CT o new SiPM based PET detector composed of 4 PET rings o a scalable PET iterative reconstruction system o a Discovery MI operator console featuring in standard, the following advanced workflow solutions: RadRx patient study prescription; Q.Check a PET data Quantitative integrity check. o a patient imaging table with one head holder, patient security straps and comfort accessories. <p>Quantitative Imaging</p> <ul style="list-style-type: none"> o Q.Temp - Individual temperature sensor and gain adjustment technique o Q.Check - User configurable data integrity check that can help ensure parameters important for quantitative imaging are saved in the patient DICOM data prior to being sent to the network for analysis and/or archiving. o Q.Prepare <p>Prospective Reconstruction</p> <ul style="list-style-type: none"> o VUE Point HD utilizes a fully 3D iterative reconstruction technique with all corrections within the loop, enhanced resolution with detector geometry modeling, model-based 3D scatter correction inside and scatter estimation outside the field of view, exclusive randoms corrections based on singles and dead-time correction with pile-up estimates providing high image quality and patient throughput. o VUE Point FX, time-of-flight image reconstruction, leverages the innovative VUE Point HD iterative process by adding timing information to each step within the iterative loop and improving signal-to-noise ratio o WideView - PET reconstructed transaxial Field of View coverage of 70cm diameter

11p



Item No.	Qty	Catalog No.	Description
			<p>with CT based PET attenuation correction and CT wide-FOV Display.</p> <p>Motion Management</p> <p>Motion Management tools enable the reduction of motion artifacts caused by patient breathing and cardiac movement by acquiring motion information during the scan and incorporating it into motion related PET/CT applications.</p> <ul style="list-style-type: none"> o RAD Rx Variable CT protocols within same exam including Average Cine CT for improved attenuation correction <p>Calibration and Daily Quality Control</p> <p>Daily Quality Assurance at the start of the scanning day is quick and efficient. A simple protocol launches the DQA procedure, which takes less than 10 minutes and provides you with a daily report (2).</p> <p>CT Key Features</p> <p>The Discovery MI platform can be operated as a standalone CT scanner (without gantry tilt). It offers exceptional power, remarkable speed, high-resolution/low-dose imaging, and full diagnostic capabilities.</p> <p>The Discovery MI includes the Revolution Evo CT that can perform a wide variety of clinical applications not requiring gantry tilt with Clarity Imaging Chain and ASiR-V(1)† capabilities.</p> <ul style="list-style-type: none"> o Clarity Imaging Chain consists of Clarity Detector, DAS, Performix*40 Plus X-ray Tube and ASiR-V reconstruction (option), to deliver high resolution imaging. o Silent design of Revolution EVO gantry allows significant reduction of audible noise compared with previous GE technology. o IQ Enhance (IQE) reconstruction reduces helical Artifact Index in thin slice helical scanning. o Axial or helical scans of the same anatomy at two different X-ray energies (kVps). To further improve registration accuracy, patient immobilization may be utilized. o Adaptive Enhance Level Adjustment (AELA) may improve visual spatial resolution while maintaining pixel noise standard deviation and artifact. o Organ Dose Modulation provides reduction of radiation dose via X-ray tube current modulation for superficial tissues, such as breasts. o AutomA/SmartmA* modulates X-ray tube mA to account for specific patient anatomy based upon data gathered from the scout image. o Dynamic Z-axis tracking provides automatic and continuous correction of the x-ray beam shape to block unused x-ray at the beginning and end of a helical scan to reduce unnecessary radiation. o One stop scanning mode that provides a streamlined workflow o Direct MPR with Auto-Batch feature, affording automatic real-time direct



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			<p>reconstruction and transfer of fully corrected multi-planar images, also allows users to move from routine 2D review to prospective 3D image review of axial, sagittal, coronal, and oblique planes while enabling automated protocol-driven batch reformats to be created and networked to their desired reading location.</p> <ul style="list-style-type: none"> o Dose Check provides users with tools to help them manage CT dose in clinical practice and is based on the standard XR-25-2010 published by The Association of Electrical and Medical Imaging Equipment Manufacturers (NEMA). o Dose Reporting: CTDIvol, DLP, Dose Efficiency displays during scan prescription and provides dose information. The CTDIvol, DLP, and Phantom size used to calculate dose is automatically saved once the user selects End Exam. DICOM Structured Dose Report generates a CT Dose Report, which can enable tracking of dose (CTDIvol and DLP) for the patient by the hospital radiation tracking system/RIS/HIS. o Scan mode: Helical Scan Speeds: Full 360 rotational scans: 0.35, 0.375, 0.40, 0.425, 0.45, 0.475, 0.5, 0.6, 0.7, 0.8, 0.9, 1.0 second Helical Pitch (nominal): 0.516 to 1.531 Cardiac Pitch: 0.16 to 0.325 Selectable kV: 80, 100, 120, 140 Selectable mA: 10 to 560, 5mA increments Reconstruction Algorithms: Soft Tissue, Standard, Detail, Chest, Bone, Bone Plus, Lung, Ultra, Edge, Edge Plus o Scan Mode: Axial & Cine Scan Speeds: 0.35, 0.4, 0.5, 0.6, 0.7, 0.8, 0.9, 1.0, and 2.0 second full scans(360 acquisition). <hr/> <ul style="list-style-type: none"> o Selectable kV: 80, 100, 120, 140 Selectable mA: 10 to 560, 5mA increments Scan Plane o Reconstruction Algorithms: Soft Tissue, Standard, Detail, Chest, Bone, Bone Plus, Lung, Ultra, Edge, Edge Plus Image Quality 0.28mm high resolution <p>PET/CT Operators Console</p> <ul style="list-style-type: none"> o Fully integrated PET and CT user interface o Direct Multi Planar Reformat delivers automated axial, sagittal, and coronal reconstruction with excellent image quality for PET and CT images of the patient data being acquired. Direct3D TM automatically builds 3D models during axial image reconstruction. o Volume Viewer: Environment for 3D processing of any CT, MR, 3D X-ray, and Pet/CT dataset. It provides exceptional tools for analysis, segmentation, measurements, annotation, filming, and exporting of clinically relevant images. Volume Viewer seamlessly combines anatomical image review with PET quantitative measurement capabilities such as SUV. o Freedom Workspace: Innovative hardware and software creates a convenient, ergonomic working environment. It offers sit/stand and horizontal/vertical monitor flexibility. It can also help reduce noise and heat with remote location of the console. o Two 19 -inch diagonal width high-resolution color monitors for image display,



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			<p>analysis, processing, and management of PET, CT, and PET/CT images.</p> <ul style="list-style-type: none"> o Three button mouse with mouse pad o ImageWorks™ provides instant access to advanced image processing features such as CT Perfusion 4, Advanced Vessel Analysis, CardiQ Xpress Pro or Plus, AutoBone and DentaScan <p>PET/CT Service Features</p> <p>Each system is supported by GE's InSite™ remote diagnostics, iLinq™, and TiP Virtual Assist.</p> <p>InSite broadband - all hardware and software required to remotely connect this PET/CT system to GE's InSite On-Line Center via secure VPN high-speed Internet connections. Enables access to services designed to reduce downtime, improve quality, enhance performance, increase productivity, and expand imaging capabilities.</p> <p>* Trademark of General Electric Company.</p> <p>‡ Optional</p> <p>(1) In clinical practice, the use of ASiR-V may reduce CT patient dose depending on the clinical task, patient size, anatomical location, and clinical practice. A consultation with a radiologist and a physicist should be made to determine the appropriate dose to obtain diagnostic image quality for the particular clinical task. Low Contrast Detectability (LCD), Image Noise, Spatial Resolution and Artifact were assessed using reference factory protocols comparing ASiR-V and FBP. The LCD measured in 0.625 mm slices and tested for both head and body modes using the MITA CT IQ Phantom (CCT183, The Phantom Laboratory), using model observer method.</p> <p>(2) Represents typical system performance</p>
2	1	P5051MG	Overlap reconstruction software appropriate for 64 and/or 128 upgrades
3	1	P5051NC	<p>Q.AC</p> <p>Available on Discovery IQ, Discovery PETCT 710, and Discovery PETCT 610</p> <p>Part of Q.Suite - a suite of innovative new quantitative imaging tools from GE Healthcare designed to help clinicians generate more consistent PET measurements, and therefore assess treatment response more accurately than ever before.</p> <p>Q.AC - Accurate attenuation correction</p>



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			<p>is required for quantitative PET imaging. But in large anatomy imaging at low doses, the CT beam may not be strong enough to fully penetrate through the patient to the detector, potentially resulting in variations in attenuation measurements. Our next generation Q.AC algorithm is designed to reduce potential variance, helping to ensure that the attenuation coefficients used in image reconstruction are accurate. This may improve consistency even in the most clinically demanding circumstances.</p>
4	1	B7880MR	<p>MAR (Metal Artifact Reduction) software MAR helps reduce photon starvation, beam hardening and streak artifacts caused by high Z materials in the body, such as hip implants.</p> <p>The clarity of MAR images is addressing the challenges posed by metal artifacts, helping clinicians accurately contour targets and critical organs.</p> <p>MAR offers: Exceptional image quality. MAR is based on the latest in GE Healthcare smart technology, which uses a novel three-step, sinogram-based iterative algorithm. Streamlined workflow. MAR requires only one scan, making the process of obtaining a corrected image fast and efficient.</p>



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			<p>Dose conscious.</p> <p>MAR requires only one acquisition.</p> <p>Patient comfort.</p> <p>The efficient, single-scan process helps to reduce patient time inside the scanner.</p> <p>Versatility.</p> <p>MAR is designed to enhance clarity across a range of images including scans of hip implants, dental fillings, screws and other metal objects.</p>
5	1	P3000TB	COLUMBIA LONG LENGTH CABL
6	1	P3000AZ	100ft Long Length Chiller cooling hose line. Recommended for chiller in equipment room siting layouts.
7	1	P3000BD	CHILLER COOLANT KIT, COL
8	1	P3200AL	<p>The Low Dose 5-Beat Cardiac with SnapShot Assist package allows the user to acquire cardiac imaging exams with retrospective or prospective gated acquisitions utilizing up to 0.35 second rotation speed for excellent cardiac exams.</p> <p>This package contains the following items necessary for CT Coronary Angiography:</p> <ul style="list-style-type: none"> - SmartScore acquisition (B7850PL) - SmartScore analysis (B79971JH) - ECG trace on the operator console (B7864KC) - Cardiac Enhance filter (B7864KD) - CardIQ Snapshot (B7710Ls) - SnapShot Pulse (B7864AA) - SnapShot Assist (B7877FB) <p>ECG monitor and AW are NOT provided with this package.</p> <p>SnapShot Pulse</p> <ul style="list-style-type: none"> o Prospectively gated cardiac scanning technique that helps reduces patient dose by up to 83%, and improves cardiac workflow, with excellent image quality. In essence, the technique captures a complete picture of the heart using a series of three to four snapshots taken at precise patient table positions and precisely gated (relative to conventional cardiac CT acquisitions).



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SnapShot Pulse helps improve workflow by reducing the size of image set to be reconstructed, reviewed and post processed. A typical SnapShot Pulse series consists of 280 to 400 images, compared with up to 3,000 images in a typical helical cardiac scan series. Since there's a smaller number of images to reconstruct, SnapShot Pulse takes less time, yet still delivers the same amount of information as a helical cardiac exam.

SnapShot Imaging

- o Retrospectively gated helical gated cardiac scanning technique used to acquire ECG gated CT images of the coronary arteries when prospective gating can't be used.

- o SnapShot imaging option allows users to acquire cardiac images of patients using the following cardiac imaging techniques:

- (1) Retrospectively EKG-gated helical scanning method - SnapShot: primarily used for cardiac morphology imaging, with this technique, cardiac images of single or multiple cardiac phases at any given Z-axis location can be acquired and generated.

- (2) EKG-gated Multi-slice CINE Scan mode: used primarily for coronary artery calcification scoring (CACS) studies or for cardiac morphology Imaging.

Once a specific imaging model is selected, helical pitch and/or gantry rotation speed will be automatically selected for optimal scan coverage and image quality.

SnapShot Assist:

- o Helps users Optimize ECG-gated CT acquisitions based on patient heart rate characteristics. SnapShot Assist uses the patient's recorded heart rate information to display scan parameters (including scan mode, cardiac phases, padding and pitch) that could be used during the cardiac CT scan. SnapShot Assist generates a cardiac scan parameter recommendation using the patient's ECG analysis and user defined protocol selection algorithm.

It uses the patient's recorded heart rate information to predict the heart rate behavior during a CCTA scan to assist the user with optimization of the parameters on a per-patient basis. Acquisition parameters displayed include scan mode (Cine SnapShot Pulse, Helical SnapShot Segment, etc.), cardiac phases, padding, and pitch. User Profiles define scan parameters within the heart rate and variability categories for a specific patient group and cardiac scan mode.



Item No.	Qty	Catalog No.	Description
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ECG Trace

The ECG trace provided by the ECG monitor will be displayed on the operator's console with this option.

ECG Editor:

The ECG Editor allows the user to retrospectively modify trigger points identifying R-peaks on ECG trace as displayed on the console. The capability may improve successful cardiac acquisition rate by enabling users to perform the modification in the cases with irregular heartbeat or suboptimal triggers.

Cardiac Enhance:

Cardiac Enhance Filters provides users the capability to reconstruct filtered images using three steps of noise (pixel noise standard deviation) reduction for helical and axial cardiac imaging, which may allow a reduction of mA while maintaining an acceptable level of image performance.

ECG Dose Modulation:

ECG gated dose modulation reduces patient dose by modulating x-ray technique during acquisition based on heart phase.

9 1 P3200AN

The PET Cardiac Package allows the user to acquire cardiac PET imaging exam. This package contains the following items necessary for PET cardiac study:

- PET Cardiac Gating capability (P5051LH)
- Cardiac PET ACQC (P5051LE)
- Cardiac VUE (P5051LV)

ECG monitor and AW are not provided with this package.

Attenuation Correction Quality Control ensures proper cardiac registration in PET and CT, particularly useful in Cardiac stress rest PET/CT application. Mis-registered PET and CT attenuation correction data due to organ motion may be re-aligned and reconstructed again to try and recover proper PET attenuation correction to help avoid CT AC re-scans.



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10	1	B7877HB	The Bright Box trackball is a separate piece of hardware that is used to review images without having to use the system mouse or keyboard. Use the Bright Box trackball to review images while someone else uses the mouse and keyboard to set up or continue the scan series.
11	1	P5051MB	Adjustable Desk for PET/CT console.
12	1	B7660B	Chair for CT scanner
13	1	B77292CA	Service cabinet for system accessories storage
14	1	E8008PN	<p>The PET Annulus DQA (Daily Qualified Assurance) imaging phantom for the Discovery IQ PET system or SIGNA PET/MR system is a uniform solid suspension of Ge-68 encased and sealed in an annular, black plastic shell.</p> <ul style="list-style-type: none"> • Recommended for accurate calibration of your PET detector and easier quality control • Designed to be held in place during use by standard source holders provided with scanning equipment • No mechanical maintenance is required
15	1	E8008P	<p>VQC Phantom</p> <p>PET/CT VQC Volumetric Quality Control Phantom for Discovery, IQ 3-ring (15 cm), IQ 4-ring (20 cm) , IQ 5-ring (25 cm), Discovery 710, 610, 690, 600, Optima 560</p>
16	1	E8008PS	<p>Wheels feature swivel castors for easy mobility and wheel locks for added stability. Lid features a handle for easier opening. Spring loaded covered hinge assists when lifting the lid. Container latch seals the phantom inside to ensure radiation gaps are eliminated. Latch includes option to use a padlock to secure the phantom in the container. Gusset holes allow the facility to secure the shield to the site with a chain or cable. The container's interior walls feature a soft plastic for easier insertion and removal of the phantom. Weight - approximately 300 lb / 136 kg.</p>
17	1	E4502AB	<p>The 90Amp CT system main disconnect panel (MDP) serves as the main facility power disconnect source installed ahead of the system PDU. The MDP will disconnect system power on first loss of incoming power, helping to prevent damage to</p>



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18	1	E4502F	<p>system components. It also includes an automatic restart control circuit which restores power to the CT System PDU after a power outage.</p> <ul style="list-style-type: none"> o Can reduce installation time and cost by eliminating delays in obtaining individually enclosed components and on site assembly (ex: main circuit breaker, feeder overcurrent devices, magnetic contactors and UPS emergency power off are combined into a single panel) o Configuration flexibility - can be used as a stand-alone main disconnect or with the optional partial system UPS. (On systems where the optional partial system UPS is used the main disconnect panel also provides NEC mandated emergency power off control to both the PDU and UPS o Designed and tested for GEHC CT products <p>Specifications:</p> <ul style="list-style-type: none"> o Automatic restart incorporates an adjustable time delay to delay main power until the power has stabilized for 5 seconds o One flush wall mounted remote emergency off pushbutton furnished with each system o UL, cUL and CE labeled <p>The 14KVA Partial UPS has been specifically designed to coordinate with GE Healthcare CT & PET/CT scanners. In the event of a power outage a partial system UPS provides continuous backup power to the scanner host and control computers, thus assuring no loss of usable scan data.</p> <ul style="list-style-type: none"> o Critical circuits in the gantry and table



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			<p>remain powered which facilitate the safe removal of the patient from the scanner.</p> <ul style="list-style-type: none"> o If power is restored within the battery hold-up time, the operator can continue scanner operations without the need to reboot the system. o When longer power outages are anticipated, the UPS provides time for the operator to safely remove the patient and complete an orderly shutdown of the system software o Maintains system electronics and allows critical scanner operations to continue for 10 minutes (typical) after loss of power o Protects electronics from under voltage, brownouts, line sags, over voltage and transients <p>SPECIFICATIONS</p> <ul style="list-style-type: none"> o Dimensions (H x W x D): 49" x 12" x 32" o Weight: 620 lbs. o Output Frequency: 50 or 60 Hz, auto-sensing <p>NOTE: ITEM IS NON-RETURNABLE AND NON-REFUNDABLE NOTE: REMOVAL/DISPOSAL OF OLD UPS IS THE CUSTOMER'S RESPONSIBILITY NOTE: INSTALLATION AND RIGGING IS NOT INCLUDED NOTE: CONTACT GE SERVICE OR EATON FOR START-UP ASSISTANCE</p>
19	1	E8007RT	<p>The Model 7800 is Ivy Biomedical's fifth generation of cardiac trigger monitors intended primarily for use on patients in applications requiring precision R-wave synchronization. Incorporating a simple, easy-to-use touchscreen interface, the 7800 displays two simultaneous ECG vectors along with the patient's heart rate. The Trigger ECG vector (top waveform) can be selected from</p>



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			<p>Leads I, II, III, or Auto Lead Select. The Second ECG vector (bottom waveform) can be selected from Leads I, II, III. If required, High and Low heart rate alarm limits can be adjusted to bracket the patient's heart rate so that a violation of these limits produces an audible and visual indication of the alarm.</p> <ul style="list-style-type: none"> o Impedance Measurement: Measures Impedance between the patient's skin and each individual ECG electrode o Automatic operation: After patient cables are connected and the monitor is receiving an ECG signal, the monitor finds the peak of the R-wave and generates synchronization pulses o Bright TFT active matrix 8.4 in. color touch screen LCD with a wide viewing angle and large heart rate characters enhance visibility of patient data o Polarity lock helps reduce the number of false triggers when tall T waves or deep S waves occur o Color trigger mark indicates timing of each trigger pulse with respect to the ECG o System interlock function indicates proper connection with the imaging device o Integrated USB Drive - allows user to store and retrieve ECG events for retrospective analysis o Auto-notch selects the correct ECG notch filter. This reduces interference on the ECG signal <p>The Kit includes: Cardiac Trigger Monitor; set of 4 RT lead wires - 30 in, low noise patient cable - lead, Ethernet Internet cables, ECG adult electrode (box of 40), cord-set hospital grade (12ft),</p>



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			NuPrep Gel, USB Memory Stick, Recorder Paper, Roll Stand for 7000 series and IPC cable.
20	1	E8016BA	<p>CT Footswitch Slicker - 2000 & 1700 Systems</p> <p>The footswitch slicker for CT VCT 2000 and 1700 systems is made of durable, clear PVC plastic that protects the footswitch and facilitates faster, more thorough cleanup of contamination caused by blood and other body fluids. Cover is held securely in place with Velcro...H</p>
21	1	E8016BL	<p>Slicker Cushion for PET GT Table</p> <p>Slicker for PET Discovery VCT, Discovery PET/CT 610, 690, and 710</p> <p>Slicker Cushion Table Systems are comprised of cushion pads permanently encapsulated in clear, micro matte vinyl protective cover system and various accessories. Each Slicker cushion in a lined foam cushion that is permanently welded inside the clear Slicker cover. The cover minimizes contamination of the cushion and the underlying table by preventing penetration by any fluid or other contaminant.</p> <p>FEATURES/BENEFITS</p> <ul style="list-style-type: none"> o Built using heavy, clear, micro matte vinyl, polyurethane foam, and top grade hook and loop tape to exactly fit the specified table. Expected life is between 1 to 2 years depending on usage. o Designed for easy cleanup and disinfection using standard bleach solutions. <p>SPECIFICATIONS</p> <ul style="list-style-type: none"> • Dimensions: 110.5" L x 18" W x 1" Thick (with 6" flap on each side)
22	1	E8500NB	<p>Patient Arm Support for NM, PET/CT, MR</p> <p>Padded Arm Rest combines total arm support and passive restraint, increasing patient comfort during extended procedures. Designed to accommodate virtually all patients. Compatible with most Nuclear Imaging systems and can also be used in MRI, CT and PET applications. Constructed with a comfortable, full support polyfoam with a seamless coated finish. Warranty Code: H</p>
23	1	W0103PT	<p>TiP Applications Discovery PET/CT Succeed Advance Training Program</p> <p>TiP Applications Discovery Succeed Advance includes:</p> <ul style="list-style-type: none"> • 19 onsite days covered over 6 site visits • 10 hrs TVA • 1 TiP Headquarter Class



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			<p>Onsite training and TVA are delivered Monday through Friday between 8AM and 5PM. T&L expenses are included. Headquarters classes are delivered in the Milwaukee area and include travel and modest living expenses.</p> <p>This training program must be scheduled and completed within 24 months after the date of product delivery.</p>
24	1	R22013AC	<p>GE Healthcare has reclassified its service tools, diagnostics and documentation into various classes (please refer to the Service Licensing Notification statement at the beginning of this Quotation). The Standard License provides access to service tools used to perform basic level service on the Equipment and is included at no charge for the warranty period.</p>

Quote Summary:

Total Quote Net Selling Price **\$2,979,554.83**

(Quoted prices do not reflect state and local taxes if applicable. Total Net Selling Price Includes Trade In allowance, if applicable.)



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Options

(These items are not included in the total quotation amount)

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25	1	P5051QC	<p>Discovery MI Q.Clear is a full convergence iterative reconstruction technology designed to provide up to 2 times improvement in PET quantitation accuracy (SUVmean) with up to 2 times improvement in image quality (SNR) enabling accurate small lesion detection, fast and efficient reading and more confident diagnosis.</p> <p>Q.Clear upgrade for Discovery MI - DR products Pre-requisites: o P5051SK SharpIR</p> <p>Q.Clear upgrade for Discovery 710 products Pre-requisites: o P5051SK SharpIR o P5051NL Q.Core + 1 o P5051NN Q.Core + 2</p> <p>Q.Clear Upgrade for Discovery 610 products Pre-requisites: o P5051SK SharpIR o P5051NL Q.Core + 1</p>	\$153,000.00	X_____
26	1	P3000AW	<p>ASiR-V* Upgrade ASiR-V is the newest technology in GE's family of industry leading iterative reconstruction techniques. ASiR-V allows healthcare providers to lower dose by up to 82% as compared to standard filtered back-projection (FBP) reconstruction at the same image quality¹</p> <p>ASiR-V may provide the following.</p> <ul style="list-style-type: none"> ASiR-V reduces dose by up to 82% relative to FBP 	\$127,500.00	X_____



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			<p>at the same image quality¹</p> <ul style="list-style-type: none"> • ASiR-V improves low contrast detectability by 59% to 135% at the same dose+ • ASiR-V reduces image noise up to 91% at the same dose+ • ASiR-V improves spatial resolution up to 2X (107%) at same image noise+ • ASiR-V image reconstruction has the capability to reduce low signal artifact such as streak artifact compared to FBP+ <p>Image quality as defined by low contrast detectability.</p> <p>In clinical practice, the use of ASiR-V may reduce CT patient dose depending on the clinical task, patient size, anatomical location, and clinical practice. A consultation with a radiologist and a physicist should be made to determine the appropriate dose to obtain diagnostic image quality for the particular clinical task. Low Contrast Detectability (LCD), Image Noise, Spatial Resolution and Artifact were assessed using reference factory protocols comparing ASiR-V and FBP. The LCD measured in 0.625 mm slices and tested for both head and body modes using the MITA CT IQ Phantom (CCT183, The Phantom Laboratory), using model observer method.</p>		
27	1	P3200AK	<p>The Low Dose 5-Beat Cardiac with SnapShot Freeze and SnapShot Assist allows the user to acquire cardiac imaging exams with retrospective or prospective gated acquisitions utilizing up to 0.35 second rotation speed for excellent cardiac exams. This package contains the following items necessary for CT Coronary Angiography:</p> <ul style="list-style-type: none"> - SmartScore acquisition (B7850PL) - SmartScore analysis (B79971JH) - ECG trace on the operator console (B7864KC) - Cardiac Enhance filter (B7864KD) 	\$153,000.00	X_____



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- CardiQ Snapshot (B7710Ls)
 - SnapShot Pulse (B7864AA)
 - SnapShot Assist (B7877FB)
 - SnapShot Freeze (B7877FA)
 ECG monitor, CardiQ Xpress Reveal 2.0 and AW are NOT provided with this package.

The SnapShot Freeze motion correction package includes a comprehensive solution to correct for the problems of motion that may occur in cardiac imaging.

SnapShot Freeze:

An intelligent motion correction algorithm, which is designed to reduce blurring of coronary arteries due to motion artifacts. Characterizing the vessels' motion path and velocity from adjacent cardiac phases on a vessel-by-vessel and segment-by-segment basis does this. This information is then used to calculate the coronary artery vessel position at the target phase. Utilization of SnapShot Freeze in clinical practice may assist the physician's diagnostic interpretability of coronary CTA by reducing the burden of non-diagnostic segments.

Using a mechanical heart phantom it was shown that SnapShot Freeze reduces motion artifacts up to 6X, equivalent to a 0.058s equivalent gantry rotation speed with effective temporal resolution of 29ms*.

SnapShot Pulse

o Prospectively gated cardiac scanning technique that helps reduce patient dose by up to 83%, and improves cardiac workflow, with excellent image quality. In essence, the technique



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Version #: 1

Item No.	Qty	Catalog No.	Description	Ext Sell Price
			<p>captures a complete picture of the heart using a series of three to four snapshots taken at precise patient table positions and precisely gated (relative to conventional cardiac CT acquisitions).</p> <p>SnapShot Pulse helps improve workflow by reducing the size of image set to be reconstructed, reviewed and post processed. A typical SnapShot Pulse series consists of 280 to 400 images, compared with up to 3,000 images in a typical helical cardiac scan series. Since there's a smaller number of images to reconstruct, SnapShot Pulse takes less time, yet still delivers the same amount of information as a helical cardiac exam.</p> <p>SnapShot Imaging</p> <ul style="list-style-type: none"> o Retrospectively gated helical gated cardiac scanning technique used to acquire ECG gated CT images of the coronary arteries when prospective gating can't be used. o SnapShot imaging option allows users to acquire cardiac images of patients using the following cardiac imaging techniques: <ol style="list-style-type: none"> (1) Retrospectively EKG-gated helical scanning method - SnapShot: primarily used for cardiac morphology imaging, with this technique, cardiac images of single or multiple cardiac phases at any given Z-axis location can be acquired and generated. (2) EKG-gated Multi-slice CINE Scan mode: used primarily for coronary artery calcification scoring (CACS) studies or for cardiac morphology imaging. <p>Once a specific imaging model is selected, helical pitch and/or gantry rotation speed will be automatically selected for optimal scan coverage</p>	



GE Healthcare

Date: 03-28-2017
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Version #: 1

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and image quality.

SnapShot Assist:

o Helps users Optimize ECG-gated CT acquisitions based on patient heart rate characteristics. SnapShot Assist uses the patient's recorded heart rate information to display scan parameters (including scan mode, cardiac phases, padding and pitch) that could be used during the cardiac CT scan. SnapShot Assist generates a cardiac scan parameter recommendation using the patient's ECG analysis and user defined protocol selection algorithm.

It uses the patient's recorded heart rate information to predict the heart rate behavior during a CCTA scan to assist the user with optimization of the parameters on a per-patient basis. Acquisition parameters displayed include scan mode (Cine SnapShot Pulse, Helical SnapShot Segment, etc.), cardiac phases, padding, and pitch. User Profiles define scan parameters within the heart rate and variability categories for a specific patient group and cardiac scan mode.

ECG Trace

The ECG trace provided by the ECG monitor will be displayed on the operator's console with this option. ECG Editor:

The ECG Editor allows the user to retrospectively modify trigger points identifying R-peaks on ECG trace as displayed on the console. The capability may improve successful cardiac acquisition rate by enabling users to perform the modification in the cases with irregular heartbeat or suboptimal triggers.



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Cardiac Enhance:

Cardiac Enhance Filters provides users the capability to reconstruct filtered images using three steps of noise (pixel noise standard deviation) reduction for helical and axial cardiac imaging, which may allow a reduction of mA while maintaining an acceptable level of image performance.

ECG Dose Modulation:

ECG gated dose modulation reduces patient dose by modulating x-ray technique during acquisition based on heart phase.

(Quoted prices do not reflect state and local taxes if applicable. Total Net Selling Price Includes Trade In allowance, if applicable.)



JE DUNN CONSTRUCTION
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June 20, 2017

Mr. Mark Brooks
Saint Luke's Health System
901 E. 104th St.
Kansas City, MO 64131

Re: Saint Luke's Hospital of Kansas City
PET CT Shielding Budget

Dear Mark:

Thank you for the opportunity to budget the shielding for the upcoming PET CT project at Saint Luke's Hospital of Kansas City. The budget for the shielding in this project is Seventy Five Thousand Dollars (\$75,000).

If you require any additional information or have any questions or comments please don't hesitate to contact us.

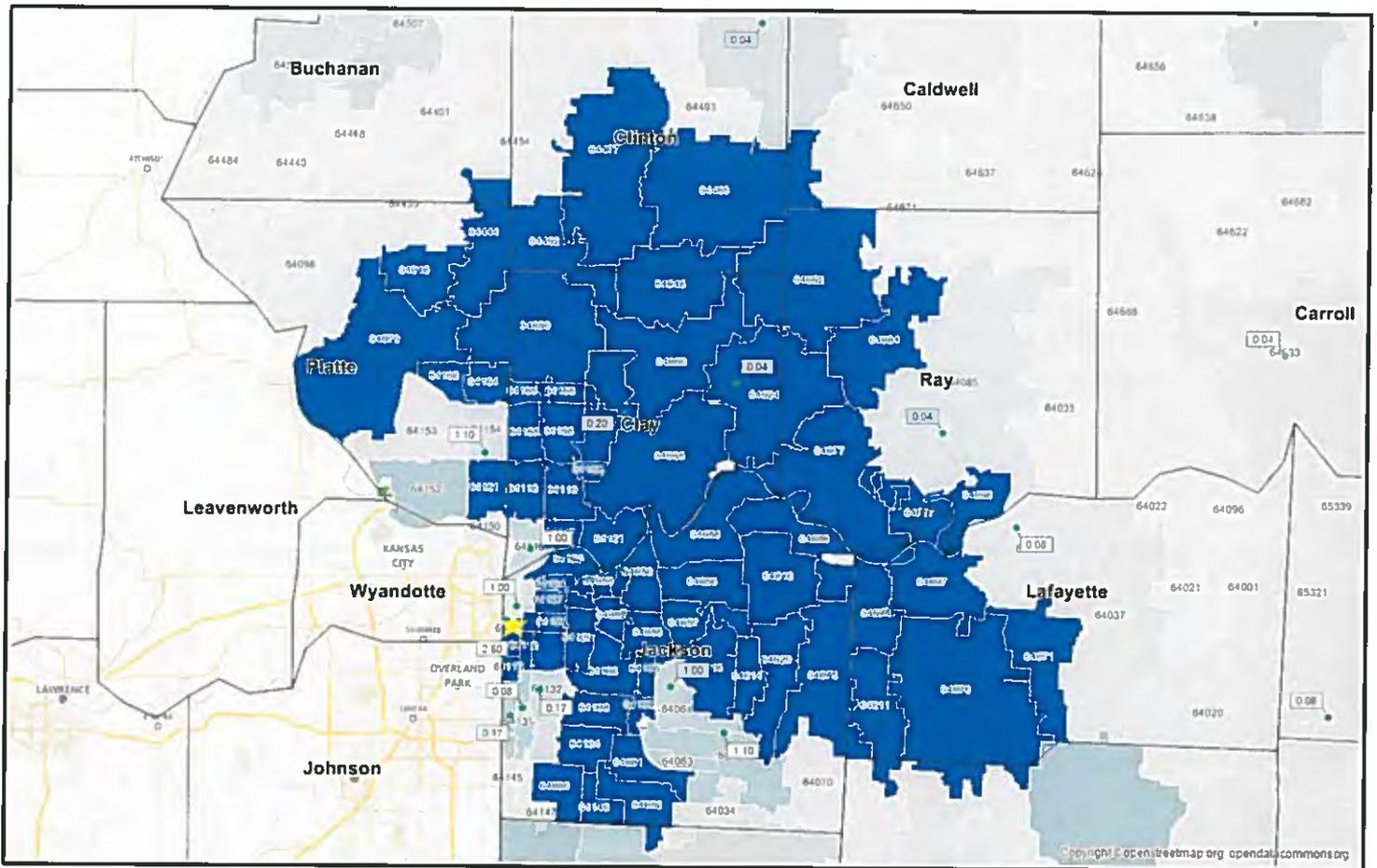
Sincerely,

J. E. DUNN CONSTRUCTION CO.

A handwritten signature in black ink that reads 'Jason Wright'.

Jason Wright
Vice President

Copy: Jon Lowe, Danny Ginardi – JE Dunn
File



Application #5491 HS

Project Service Area

SAINT LUKE'S COMMUNITY HEALTH NEEDS ASSESSMENT

2015

› Saint Luke's Hospital of Kansas City



› **Contact us**

Saint Luke's Hospital of Kansas City
4401 Wornall Rd.
Kansas City, MO 64111

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saintlukeskc.org

 **Saint Luke's**
HOSPITAL OF KANSAS CITY

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Executive Summary

About Saint Luke's Hospital of Kansas City

Saint Luke's Hospital of Kansas City is one of the largest tertiary care hospitals in the region—offering many specialized programs and services. The hospital's network of more than 600 physicians represents more than 60 medical specialties.

As one of the leading research and academic institutions in Kansas City, Saint Luke's Hospital's advanced specialties include:

- Saint Luke's Mid-America Heart Institute
- Saint Luke's Marion Bloch Neuroscience Institute
- Saint Luke's Cancer Institute
- Level I Trauma Center
- Level IIIb Neonatal Intensive Care Unit (NICU)
- A regional center for high-risk maternity care
- The only adult heart transplant program
- Liver disease management/Liver transplant
- Kidney dialysis/transplant center
- Muriel I. Kauffman Women's Heart Center
- Ellen Hockaday Center for Women's Care

Mission

Saint Luke's Hospital is a not-for-profit tertiary referral center committed to the highest levels of excellence in providing health services to all patients in a caring environment. We are dedicated to medical research and education. As a member of Saint Luke's Health System, we are committed to enhancing the physical, mental, and spiritual health of the diverse communities we serve.

Vision

The best place to get care. The best place to give care.

About Saint Luke's Health System

Saint Luke's Hospital is part of Saint Luke's Health System headquartered in Kansas City, Missouri. The health system has 10 hospitals throughout the Kansas City region. The health system also includes home health, hospice, and behavioral health care, as well as multiple physician practices.

Community Health Needs Assessment Objectives

Saint Luke's Hospital conducted its second Community Health Needs Assessment (CHNA) in order to better understand and serve the needs of the community. As part of the 2010 Affordable Care Act, all tax-exempt hospitals must complete a CHNA every three years. The CHNA addresses the health needs in the community and prioritizes the identified needs. The

hospital is then responsible for completing an implementation strategy for the priority health needs identified.

Community Health Needs Assessment Summary

An effort to understand and create a healthier community requires collaboration and input from many community stakeholders. Through data research and key conversations in the Kansas City community, this CHNA pulls together community findings and addresses top health priorities to help improve community health over the next three years.

Community Health Needs

A wide range of primary and secondary data was used to identify five health priorities in Saint Luke's Hospital's defined community.

Priority 1: Access to Care

- Access to care is a national and local priority focused on the need to better support the uninsured, underinsured, and healthcare service shortages.
- In Jackson County, almost 250,000 individuals are at or below 200% of the Federal Poverty Level (FPL) leaving services out of reach because of the cost of care.
- Without the proper access to care, individuals are more likely to experience multiple chronic health problems, disabilities, and a shorter life expectancy.
- Homelessness is a major concern for the community. Homelessness and health care are intimately interwoven. The combination of high cost of living, minimum-waged jobs, and high unemployment rates has forced a number of community members to choose between food, housing, and healthcare. Factors like economic status, mental illness, drug addiction and alcoholism, and access to care play a vital role in exacerbating situations of poverty within the community.

Priority 2: Diabetes

- Diabetes is the leading cause of kidney failure, non-traumatic lower-limb amputations, and new cases of blindness among adults in the United States.
- Diabetes is the 7th leading cause of death in the United States, and 10th leading cause of death in Jackson County.
- Diabetes rates indicate that patients are not accessing primary, preventive health care, and that undiagnosed diabetes is going untreated.

Priority 3: Hypertension/High Blood Pressure

- Hypertension is the number one modifiable risk factor for stroke.
- Hypertension leads to an increased risk of heart attacks, heart failure, kidney failure, and atherosclerosis.

Priority 4: Neonatal Health

- Jackson County experiences a high rate of mortality and low infant birth weights when compared to state and National averages.
- Leading causes of death among infants are birth defects, pre-term delivery, low birth weight, sudden infant death syndrome, and maternal complications.

Priority 5: Thoracic Care

- Lung cancer mortality exceeds any other type of cancer mortality not only in Saint Luke's Hospital's community, but also within the United States.
- Lung cancer rates have increased in recent years due to smoking, radon, asbestos, and pollution.

Key Contributors

Hospital Leadership

President and Chief Executive Officer- Jani Johnson, R.N., M.S.N.

Chief Operating Officer- Brad Simmons

Chief Financial Officer- Amy Nachtigal

Vice President and Chief Nursing Officer- Debbie Wilson, R.N. M.S.N., M.S.A., NEA-BC

Senior Vice President, Hospital Operations, Saint Luke's Health System- Julie Quirin

Public Health Collaborators

Health Department- City of Kansas City, Missouri

Jackson County Health Department

Johnson County Department of Health and Environment

Clay County Public Health Center

Platte County Public Health Department

Community Partners

Alzheimer's Association

AIDS Service Foundation

American Heart Association

American Lung Association

American Red Cross

American Stroke Foundation

Arthritis Foundation

Black Health Care Coalition

Brain Injury Association of Kansas and

Greater Kansas City

Broadway Westport Council

Brush Creek Partners

Crisis Center Steering Committee

Greater Kansas City Black Nurses

Association

Guadalupe Centers

Health Care Foundation of Greater KC

Hillcrest Transitional Housing

Hope House

Jewish Family Services

Kansas City Care Clinic

Kansas City Civic Council

Leukemia and Lymphoma Society

Make A Wish Foundation

March of Dimes Foundation

Mattie Rhodes

Metropolitan Organization to Counter

Sexual Assault

Midwest Center for Practical Bioethics

Missouri Coalition of Children's Agencies

National Kidney Foundation

Samuel U. Rodgers Health Center

Susan G. Komen Foundation

Southwest Boulevard Family Health

United Way of Greater Kansas City

Women's Employment Network

Assessment Methodology

To prepare the CHNA, both primary sources and secondary data were compiled and analyzed. The CHNA team conducted multiple interviews with hospital leadership and community stakeholders to better understand the needs in the community. Secondary quantitative data was pulled and analyzed from multiple community and hospital sources to better understand the impact of each of the identified needs.

Primary Data

Primary data was collected by connecting with community stakeholders to discuss the needs of the population. Stakeholders were chosen to represent broad interests of the community, including underserved populations. Stakeholders provided information, which was used to help identify and prioritize community needs.

Secondary Data

Secondary data was collected through multiple community resources. The most current data available was compiled and analyzed for key population health indicators.

Secondary Data Sources

- County Health Rankings
- Missouri Department of Health and Senior Services
- Kansas Department of Health and Environment
- National Institute of Mental Health
- Medicare's Hospital Compare
- Healthy People 2020
- Centers for Disease Control and Prevention
- Hospital Industry Data Institute (HIDI)
- Sg2 Nielsen Population and Demographic Data

Community Analysis

Demographic Profile

This section outlines the demographic profile for the Saint Luke's Hospital's defined community.

Geography

Saint Luke's Hospital of Kansas City is located in the middle of Kansas City, MO and near the boundary between Kansas City, MO and Kansas City, KS.

For the purposes of this Community Health Needs Assessment (CHNA), Saint Luke's Hospital's community is defined as 34 zip codes in Kansas City, Missouri and North East Johnson County, Kansas (see figure 1). The majority of the total area is located in Jackson County, Missouri.

Figure 1: Saint Luke's Hospital Defined Community

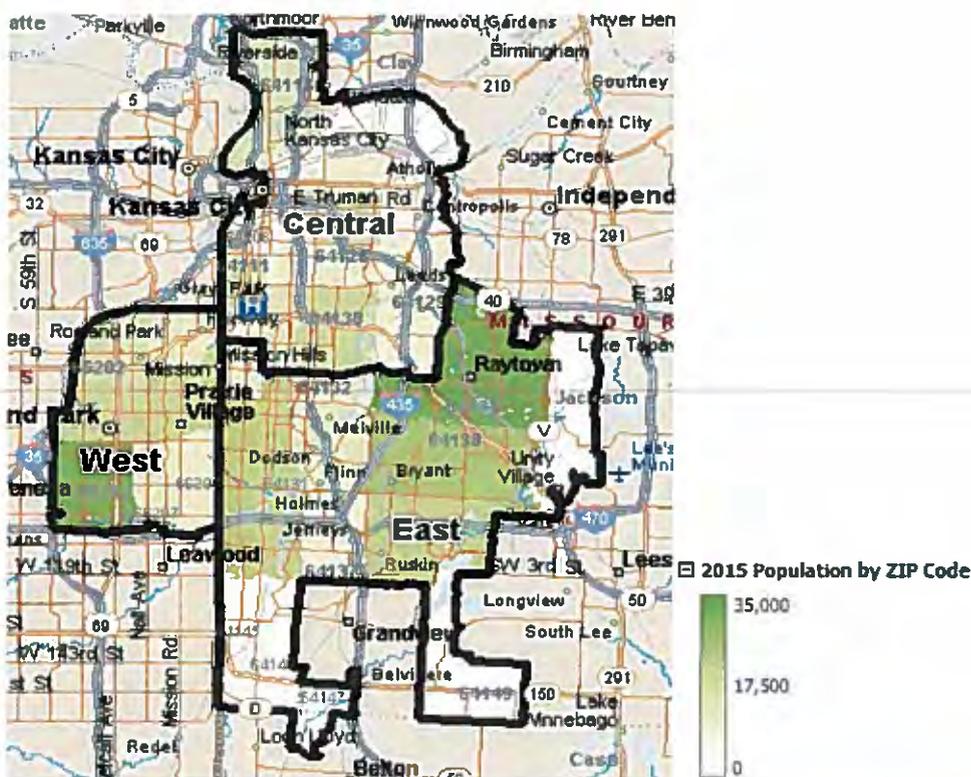


Figure 2 : Community Zip Codes

Region	Zip Codes
West	66202, 66204, 66205, 66206, 66207, 66208, 66212
Central	64106, 64108, 64109, 64110, 64111, 64112, 64116, 64120, 64123, 64124, 64125, 64126, 64127, 64128, 64129, 64130
East	64131, 64132, 64133, 64134, 64136, 64137, 64138, 64139, 64145, 64146, 64147, 64149, 66202, 66204, 66205, 66206, 66207, 66208, 66212

Community Population Characteristics

As of 2015, the population for Saint Luke's Hospital's defined community was 465,476. The age groups 18 to 44 make up the largest portion of the population at 37% or 172,882 people followed by the age group 45 to 64 at 25% or 118,665 people. The smallest age group is 65 and up at 15% of the population or 68,697 people.

Figure 3 : Community Age Profile, 2015

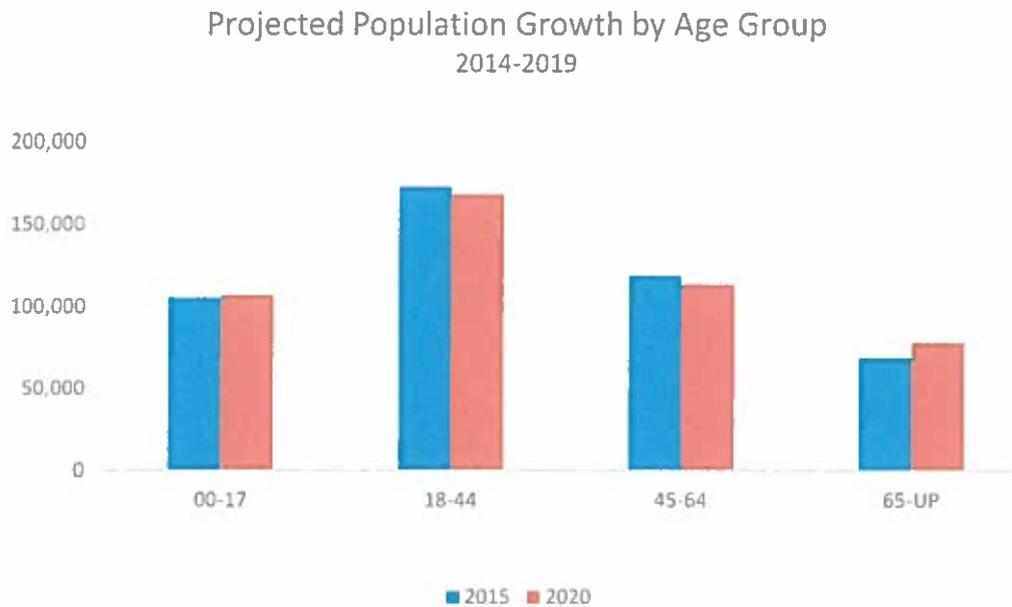
West	2015	
	Population	% of Total
00-17	26,020	21%
18-44	44,257	35%
45-64	31,983	26%
65-UP	21,983	18%
Total	124,058	100%
Central	2015	
	Population	% of Total
00-17	45,520	22%
18-44	80,744	40%
45-64	51,260	25%
65-UP	26,546	13%
Total	204,070	100%
East	2015	
	Population	% of Total
00-17	33,692	24%
18-44	47,881	35%
45-64	35,607	26%
65-UP	20,168	15%
Total	137,348	100%
Total	2015	
	Population	% of Total
00-17	105,232	23 %
18-44	172,882	37%
45-64	118,665	25%
65-UP	68,697	15%
Total	465,476	100%

*Source: Sg2 Population and Demographic Data

Population Growth

The population within Saint Luke's Hospital's community is expected to remain fairly steady over the next 5 years, with a slight increase of approximately 400 people. In 2020, the 65 and up age group is expected to have had the highest growth with an increase of 13%, or approximately 9,000 people. The 00-17 age group is expected to increase slightly by 1%. The age groups 18-44 and 45-64 are expected to decrease by 3 and 4% respectively.

Figure 4: Projected Population Growth by Age Group, 2015-2020



Gender Characteristics

The community has a slightly higher percentage of females to males at 51.8% (or 241,261 individuals) to 48.2% (or 224,215 individuals). Based on population estimates, the gender ratio will remain steady from 2015-2020.

Ethnicity

The majority of the population in Saint Luke's Hospital's community is white (59.1 percent in 2015). The white population is expected to have a negative growth rate from 2015 to 2020 at 1.6% (or nearly 3,000 individuals) and will account for 58.5% of the population in 2020. The black/African-American population is the next largest at 29.5% of the population in 2015. This group is expected to decline by 0.77% (or 1,051 individuals) from 2015 to 2020. The multiple race and other ethnicity groups are expected to have the largest growth rates in this time period and will make up nearly 10% of the population by 2020.

Figure 5: Projected Population Growth by Single Race 2015-2020

Single Race	2015		2020		Population Change	
	Population	% of Total	Population	% of Total		
White	275,117	59.1%	272,209	58.5%	-2,908	-1.6%
Multiple Races	16,039	3.4%	17,935	3.8%	1,896	11.82%
Black / African American	136,814	29.5%	135,763	29.2%	-1,051	-0.77%
Asian	11,405	2.5%	12,338	2.6%	933	8.18%
American Indian/ AK Native	2,128	0.4%	2,127	0.4%	-1	-0.05%
Native HI/PI	587	0.1%	652	0.1%	65	11.07%
Other	23,326	5%	24,824	5.4%	1,498	6.42%

*Source: Sg2 Population and Demographic Data

Education

In the defined community, 87% of the population over 25 years of age has a high school diploma or higher. Of that group, 72% have at least a little college education and 46% have a professional, associate's, or bachelor's degree. About 13% of the population has not attained a high school diploma.

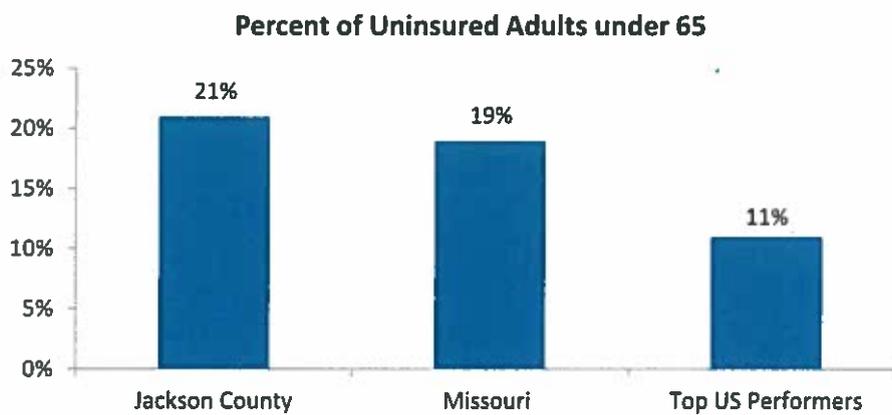
Employment

About 60% of the population above 16 years of age is employed in the defined community. About 7% of the population is unemployed. The remainder of the population aged 16 years or younger is not considered a part of the labor force.

Uninsured Population

In Jackson County, 79% of adults and 92% of children have health insurance. Jackson County lags behind the Missouri average in both of these categories.

Figure 6: Percent of Uninsured Adults under 65



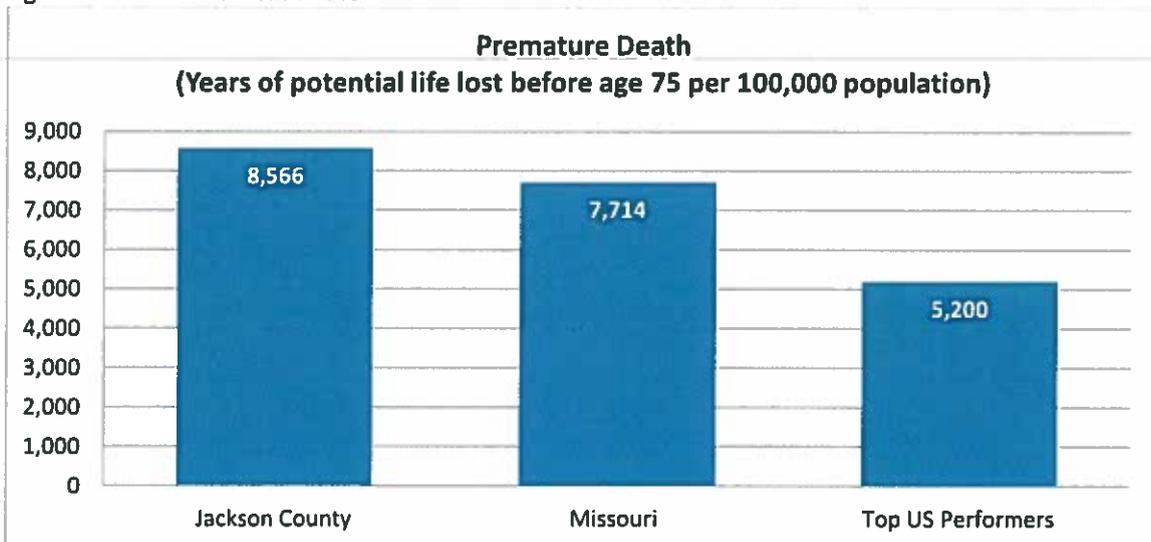
Health Status of the Population

The following section focuses on measures related to the health status of the population that is served by Saint Luke's Hospital. Many measures are specific to Jackson County, Missouri, which makes up most of Saint Luke's Hospital's defined community. The measures are compared against national and state averages or Healthy People 2020 goals in order to assess the specific health needs of the population.

Mortality

Mortality is a measure used to assess the overall health status of the population. Typically, the mortality rate is age-adjusted, which adequately describes the death rate in a population, but it fails to take into account the population health implications of premature deaths. Figure 7 below shows the premature death rate or years of potential life lost (YPLL) before age 75 per 100,000 population. The advantage of this specific type of mortality measure is that it focuses on the reasons for premature mortality in a population. The premature death measure avoids focusing on causes of death related to age. Jackson County has a premature death rate higher than the average Missouri county, and well above the top performing US counties. This measure indicates that the health status of the population in Jackson County is inferior when compared to the state of Missouri and to the top performing US counties.

Figure 7: Premature Death Rate



Leading Causes of Death

It is important to identify the leading causes of death in a population in order to assess the health outcomes in the specific population. Identifying the leading causes of death also allows a community to develop programs or treatment options that address the needs of the population. The table below shows the top ten leading causes of death in Jackson County for years 2003-2013.

Figure 8: Leading Causes of Death

Leading Cause of Death Profile for Jackson County Residents (2003-2013)		
	Number of Events	Age-Adjusted Rate
Heart Disease	14,820	192.6
All Cancers (Malignant Neoplasms)	14,771	193.5
All Injuries and Poisonings	5,794	77.6
Lung Cancer	4,454	58.5
Chronic Lower Respiratory Disease	3,895	51.6
Stroke/Other Cerebrovascular Disease	3,540	46.4
Total Unintentional Injuries	3,402	45.1
Alzheimer's Disease	2,444	31.7
Alcohol/Drug Induced	1,880	24.6
Diabetes Mellitus	1,809	23.7

Morbidity

Morbidity measures are purported to measure the quality of life of individuals within a population. The goal of the measures is to focus on the impact that health status has on quality of life. The poor or fair health indicator is a self-reported measure of an individual's perception of their overall health. The poor physical and mental health days indicators are self-reported measures of days of work lost for health-related reasons and are shown as an average number of days lost per month in the table below. The last indicator is low birth weight. According to County Health Rankings, low birth weight is an important morbidity measure because it is indicative of maternal exposure to health risks, the current and future morbidity of the infant, and risk of premature mortality.

Figure 9: Morbidity Measures

Indicator	Jackson County	Missouri	90th Percentile
Poor Or Fair Health	15%	16%	10%
Poor Physical Health Days	3.6	3.7	2.5
Poor Mental Health Days	3.8	3.8	2.3
Low Birth Weight	8.4%	8.0%	5.9%

Heart Disease

Heart disease is the leading cause of death in Saint Luke’s Hospital’s community. According to the CDC, heart disease is the leading cause of death among both men and women in the United States and accounts for about 610,000 deaths each year, or 1 in 4 deaths. This is a major health issue in the United States. In fact, its prevention, along with stroke, is one of the main objectives of Healthy People 2020 with a goal to "improve cardiovascular health and quality of life through prevention, detection, and treatment of risk factors for heart attack and stroke; early identification and treatment of heart attacks and strokes; and prevention of repeat cardiovascular events".

Figure 10: Heart Disease

Jackson County Chronic Disease Profile: Heart Disease	Number of Events	Age-Adjusted Rate
Hospital Admissions 2008-2012	45,009	127.3
ER Visits 2008-2012	57,740	17.0
Deaths 2002-2012	15,126	199.0

Cancer

Cancer is the second leading cause of death in the community and in the United States after heart disease. It is one of the biggest health concerns for the population. The cancers with the highest death rates in Jackson County are listed in Figure 11. Lung cancer makes up the highest percentage of deaths from cancer in Jackson County.

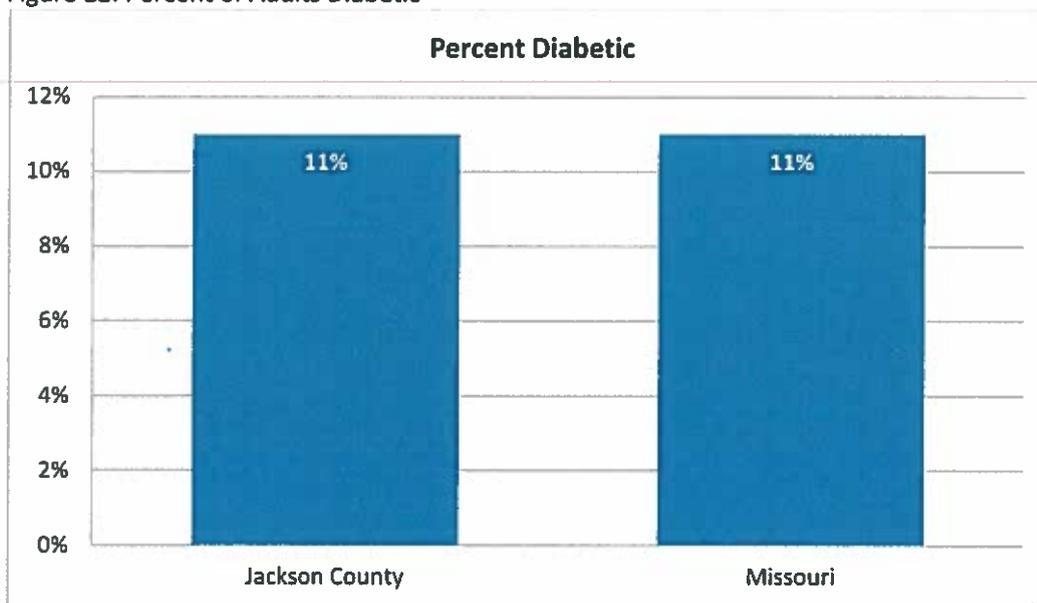
Figure 11: Deaths from Cancer in Jackson County (2002-2012)

Cancer	Number of Events	Age-Adjusted Rate
All Cancers	14,653	194.3
Lung Cancer	4,434	59
Colorectal Cancer	1,339	17.7
Colon and Rectum Cancer	1,325	21.3
Breast Cancer	1,167	15.4
Prostate Cancer	687	9.2
Cervical Cancer	104	1.4

Diabetes

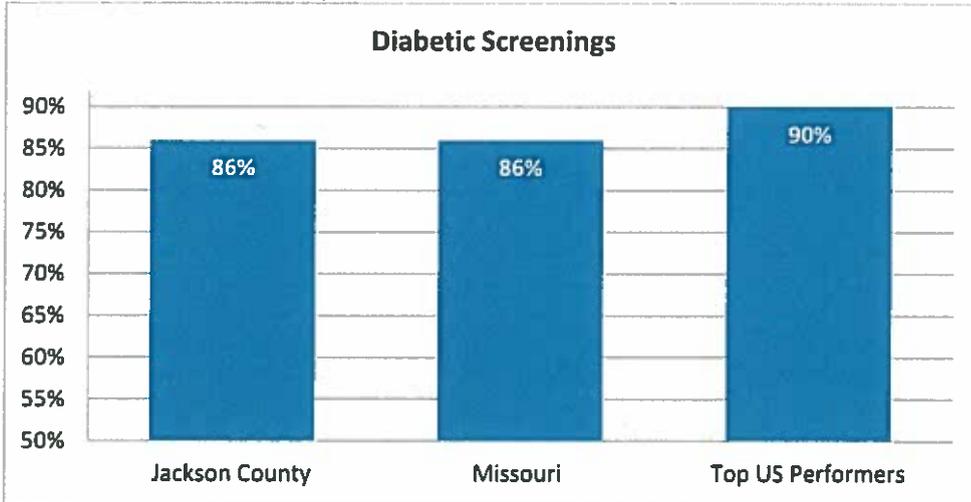
Diabetes impacts many Americans and is a primary health concern in the United States. According to Healthy People 2020 (2014), diabetes impacts approximately 26.3 million people in the United States and it lowers life expectancy by up to 15 years, increases the risk of heart disease by 2 to 4 times, and is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness. Measuring the prevalence of diabetes in a population is important in assessing the overall health of the population.

Figure 12: Percent of Adults Diabetic



Diabetic screenings are an important part of disease management. By regularly monitoring an individual's diabetes, poor health outcomes and premature mortality can be avoided. The diabetic screening percentage below measures the percent of diabetic Medicare patients whose blood sugar control was screened in the past year. This is considered to be the standard of care for diabetes.

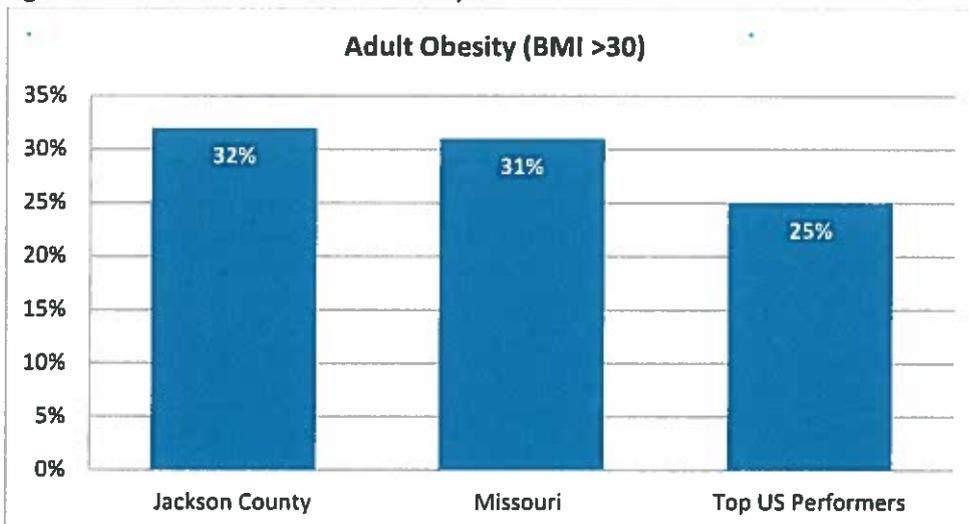
Figure 13: Diabetic Screening



Adult Obesity

Adult obesity is important because obesity increases the risk of many other health conditions. These conditions include Type 2 diabetes, cancer, hypertension, heart disease, stroke, and more health conditions. Monitoring and improving obesity rates have the ability to have substantial impact on the health of a particular community.

Figure 14: Percent of Adults with Obesity



Mental Health

Mental health disorders are one of the leading causes of disability. Mental illness can have a profound impact on the health of a population. Managing mental illnesses is vital to ensure a community is able to function appropriately and positively impact society. According to the National Institute of Mental Health, almost 13 million people suffer from mental illness in a given year. Mental health and physical health are interconnected. A person with mental illness can suffer from many other health problems if their mental state is not in a positive place. Mental health is an area in need of attention to help ensure all members of society are functioning at their highest level and contributing to the overall benefit of society.

Figure 15: Mental Health Factors

	Jackson County	State Median	National (top 10%)
Access to Mental Health Providers	495:1	632:1	386:1
Poor Mental Health Days (per 30 Days)	3.8	3.8	2.3

Health Behaviors

The behaviors of a particular community are essential to assessing the overall health of the population. People who do not adopt healthy behaviors are at an increased risk for other health problems. Human behaviors have a direct impact on health outcomes. A large percent of preventable deaths are attributed to risky behaviors such as smoking, unhealthy diets, and risky sexual behavior. There are a multitude of factors influencing a change in behavior, including structural, educational, and environmental factors.

Figure 16: Health Behaviors

	Jackson County	State Median	Top US Performers
Adult Smoking	22%	23%	14%
Food Environment Index (out of 10)	6.5	7.0	8.4
Physical Inactivity (adults over 20 reporting no leisure physical activity)	25%	26%	20%
Teen Pregnancy Rate (per 1,000 15-19 year old females)	52	40	20
Sexually Transmitted Infections (Chlamydia) Per 100,000 population	815	462	138

Substance Abuse

Excessive Alcohol Consumption

Excessive drinking reflects the percent of adults that report either binge drinking, defined as consuming more than four (women) or five (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one (women) or two (men) drinks per day on average.

Excessive drinking as defined above can lead to impaired vision, mental capacity, judgment, decision making, all of which can lead to harmful decisions. This behavior is a risk factor for a number of adverse health outcomes such as alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes. According to the CDC, approximately 80,000 deaths are attributed annually to excessive drinking. Excessive drinking is the third leading lifestyle-related cause of death in the United States.

Figure 17: Substance Abuse Factors

	Jackson County	State Median
Excessive Drinking (% of adults who report binge drinking in last 30 days)	15%	17%
Alcohol Impaired Driving Death (Percent of driving deaths alcohol related)	43%	35%
Drug Poisoning Deaths (Number of drug poisoning deaths per 100,000 population)	14	14

Access to Care

Access to Primary Care Physicians

Primary care physicians include M.D.'s and D.O.'s under the age of 75. Primary care specialties include general practice medicine, family medicine, internal medicine, and pediatrics. This measure indicates not only financial access but also physical access to providers. The goal of increased access to primary care physicians is to reduce utilization of unnecessary services. There has been clear evidence of unnecessary utilization associated with specialist visits. An appropriate availability of primary care physicians is essential in order to provide referrals to appropriate levels of care for patients. Appropriate access to primary care can help reduce the hospital readmission rates as well because patients receive the right care at the right time.

The Healthy People 2020 initiative for adults with health insurance and children with health insurance is 100%.

Figure 18: Access to Care

	Jackson County	State Median
Primary Care Physician Ratio	1,360:1	1,439:1
Uninsured Adults	21%	19%
Uninsured Children	8%	7%

National Priorities

Healthy People 2020

The Healthy People 2020 initiative identifies 10-year national objectives to improve the health of the United States population. According to the United States Department of Health and Human Services, the mission of Healthy People 2020 is to strive to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, state, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

This mission is achieved through the development of Leading Health Indicators (LHIs). The United States Department of Health and Human Services developed an LHI framework that analyzes both determinants of health and health disparities and health across the life stages. The Healthy People 2020 LHIs include the following:

- Access to health services
- Clinical preventive services
- Environmental quality
- Injury and violence
- Maternal, infant, and child health
- Mental health
- Nutrition, physical activity, and obesity
- Oral health
- Reproductive and sexual health
- Social determinants
- Substance abuse
- Tobacco

Summary of Findings

Community Health Needs

Priority 1: Access to Care

Overview

Access to care is a national and local priority. Insufficient access to health services can be caused by many different issues including: lack of insurance, underinsurance, primary care provider availability, provider quality, and costs of care. Access to primary care providers and/or a health center has a major impact on individual health. Adequate access to both primary and specialty care is of even more importance to individuals with chronic conditions such as cancer and heart disease. Individuals with access to care are more likely to receive preventive care that improves quality of life and helps detect and manage chronic conditions.

Poverty- This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Factors that account for increasing poverty in the community include: lack of employment opportunities, decline in available public assistance, lack of affordable health care, domestic violence, mental illness, and addiction.

Homelessness- Homelessness is a major concern for the community. Homelessness and health care are intimately interwoven. The combination of high cost of living, minimum-waged jobs and high unemployment rates has forced a number of community members to choose between food, housing and healthcare. Factors like economic status, mental illness, drug addiction and alcoholism and access to care play a vital role in exacerbating situations of poverty within the community.

Prevalence

In Jackson County, 79% of adults have health insurance and 92% of children have health insurance. Healthy People 2020 has a goal of 100 percent health insurance coverage for adults and children.

Poverty- Poverty rates in Jackson County are also an area of concern because of the financial costs of health care. Many individuals will forego medical care if they are unable to afford services. In 2011, 17% of the population or 115,437 persons in Jackson County were at or below the Federal Poverty Level (FPL). A better indicator of overall numbers of individuals that are struggling financially is to look at the population at or below 200% the FPL. In 2011, 37% were at 200% of the FPL in Jackson County, or 243,429.

Figure 19: Poverty Rate in Jackson County

Report Area	Total Population	Population in Poverty	Percent Population in Poverty (At or below 100% FPL)
Jackson County, MO	664,695	115,437	17.37%
Missouri	5,826,484	900,929	15.46%
United States	303,692,064	46,663,432	15.37%

Homelessness- According to the United States Interagency Council of Homelessness, the total homelessness population on a given night in 2013 in the state of Missouri was 7,202. The chart below further indicates the rate of homelessness per 100,000 population for the various persons experiencing homelessness.

Figure 20: Homelessness

Homelessness in Missouri (2013)	
Persons in Families Experiencing Homelessness	2,975
Veterans Experiencing Homelessness	652
Persons Experiencing Chronic Homelessness	735
Total Homeless Population	7,282

In Jackson County, 2.82% (total homeless persons: in families, veterans, chronically ill per 100,000 population of 2013) faced homelessness, which was almost double the United States rate of 1.78% and the State of Missouri rates of 1.20%. The population of Jackson County is predicted to grow 9.8% or by 7,702 by 2019.

Impact

Access to primary care providers and available health facilities has a major impact on individual health. People without access to health insurance are less likely to receive routine checkups and preventive health care, exacerbating chronic or untreated illnesses and increasing the overall costs to the health system. Regular and reliable access to care can prevent disease, detect illness, increase quality of life, and increase life expectancy.

Poverty- Poverty cuts off vital resources to the poor and places them in an environment of ongoing stress. This often has long lasting effects on Americans' general wellness that can be difficult to reverse.

Homelessness- Homelessness has a major impact on health and personal issues. Homeless people are more prone to health issues due to the lack of attention from doctors, family members, and other individuals. Additionally, they lack necessities which lead them to suffer from multiple diseases which may have otherwise been prevented.

Priority 2: Diabetes

Overview

Diabetes is defined as a group of diseases marked by high levels of blood glucose resulting from problems in how insulin is produced, how insulin works, or both. An increase in the average age of diagnosis indicates that the prevalence of diabetes is rising among older adults. It may also indicate that patients are not accessing primary, preventive health care, and that undiagnosed diabetes is going untreated for many years.

Prevalence

Diabetes is one of the most prevalent chronic diseases in Saint Luke's Hospital's community, and is the 10th most common cause of death. Diabetes disproportionately affects minority populations and the elderly, and its incidence is likely to increase as minority populations grow and the U.S. population ages. Nationwide, it is estimated that nearly 29.1 million people or 9.3% of the U.S. population has diabetes. Of this population only 21 million people are actually diagnosed, leaving 8.1 million undiagnosed.

Impact

To understand the impact that diabetes has on population health, it is important to evaluate the effects as well as the drivers that increase the risk of developing diabetes. Diabetes has a profound impact on community health as many morbidities can be linked to diabetes. These comorbid conditions include increased risk of stroke, blindness and eye problems, kidney disease, amputations, and increased risk of cardiovascular disease.

Diabetes also contributes to a large portion of annual medical costs in the United States. According to the American Diabetes Association, the total cost of diagnosed diabetes in the United States in 2012 was \$245 billion. In addition, the direct medical cost of diabetes in 2012 was \$176 billion and the cost from lost productivity due to diabetes in 2012 was \$69 billion.

Priority 3: Hypertension/ High Blood Pressure

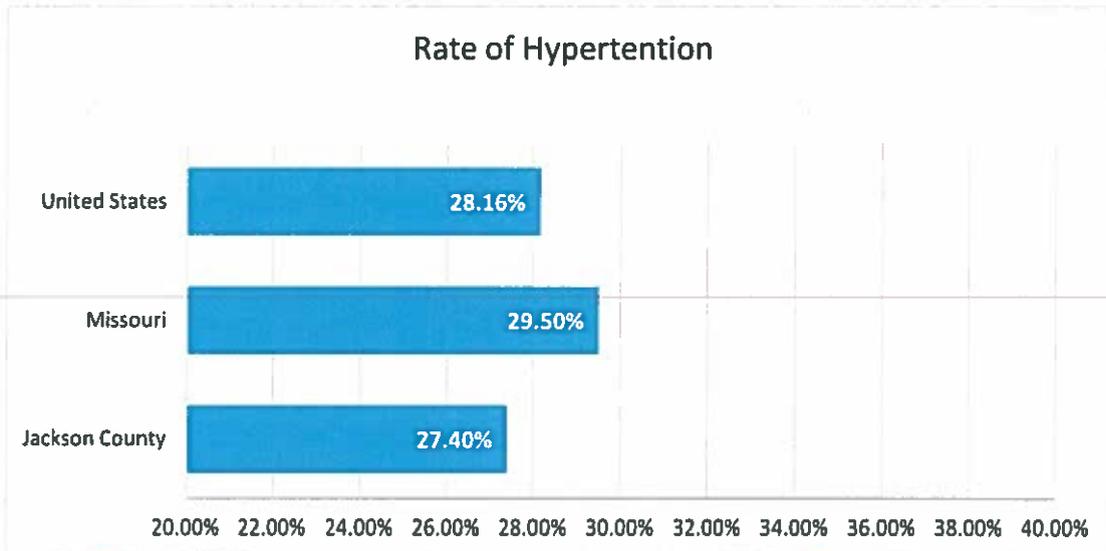
Overview

Hypertension refers to the measure of the force of blood pushing against blood vessel walls. The heart pumps blood into the arteries, which carry the blood through the body. High blood pressure, is also known as hypertension. This condition is dangerous for the heart, as it causes the heart to work harder and can result in atherosclerosis and heart failure. In the United States, high blood pressure is often called “the silent killer,” because of its lack of symptoms.

Prevalence

According to Healthy People 2020, the national health target is to reduce the proportion of adults aged 18 years and older with high blood pressure to 26.9%. The rate of hypertension in Jackson County is slightly lower than state and national averages, but lags behind the nation’s top performing counties.

Figure 21: Rate of Hypertension



Impact

Hypertension is the number one modifiable risk factor for stroke. It also contributes to heart attacks, heart failure, kidney failure, and atherosclerosis. The Healthy People 2020 national target is to reduce stroke death rate to 34.8 deaths per 100,000 population. For Jackson County this target is 42.6%. This condition is more common for those aged 35 and above, particularly in African-Americans, obese people, heavy drinkers, and women taking birth control pills. Blood pressure can be controlled by lifestyle changes which include eating healthy, limiting alcohol, avoiding tobacco, controlling weight and staying physically active.

Priority 4: Neonatal Care

Overview

Neonatal care refers to the specialization of care for babies born early, with low weight or who have a medical condition that requires specialized treatment. Neonatal care can be broken down into four different categories which include:

Intensive Care- for babies who have serious problems, are premature, and/or have low birth weights.

High Dependency Care- for babies with less serious problems who need observation and support and for those who are recovering from critical illness.

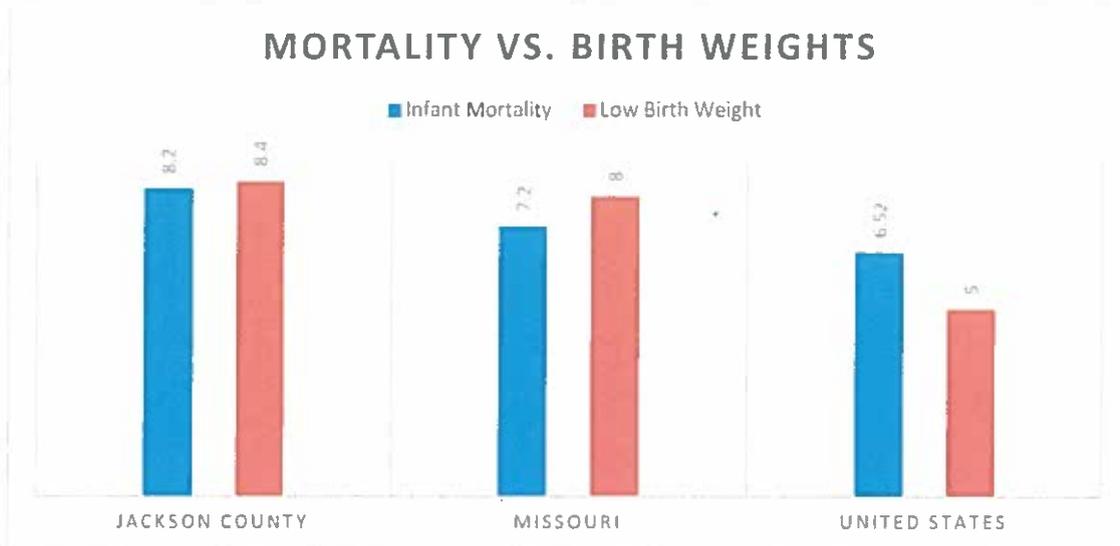
Low Dependency Care- for babies who do not require continuous observation and/or who are stable and growing.

Transitional Care- for babies who need medical treatment but who are well enough to be cared for at their mother's bedside.

Prevalence

According to recent health outcomes reports, Jackson County experiences greater infant mortality and lower birth weights in comparison to the state of Missouri and the United States.

Figure 22: Infant Health



Babies who are female are more likely to experience low birth weight in comparison to males. Jackson County data shows 9.4% females are under weight in comparison to 7.5% of male babies.

Lack of prenatal care in the community may have a significant impact on infant health risks. In Jackson County, nearly 8% of mothers obtain late or no prenatal care. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Figure 23: Prenatal Care Indicator

<i>Report Area</i>	<i>Total Births</i>	<i>Mothers Starting Prenatal Care in First Semester</i>	<i>Mothers with Late or No Prenatal Care</i>	<i>Prenatal Care Not Reported</i>	<i>Percentage Mothers with Late or No Prenatal Care</i>
<i>Jackson County, MO</i>	41,317	6,149	3,217	31,951	7.79%
<i>Missouri</i>	318,557	56,322	16,666	245,569	5.23%
<i>United States</i>	16,693,978	7,349,554	2,880,098	6,464,326	17.25%

Impact

Infant Mortality- Infant mortality is one of the most widely used indicators of the overall health status of a community. The leading causes of death among infants are birth defects, pre-term delivery, low birth weights, sudden infant death syndrome, and maternal complications during pregnancy.

This indicator reports the rate of deaths to infants less than one year of age per 1,000 births. This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal/child health.

Figure 24: Infant Mortality Indicator

<i>Report Area</i>	<i>Total Births</i>	<i>Total Infant Deaths</i>	<i>Infant Mortality Rate (Per 1,000 Births)</i>
<i>Jackson County, MO</i>	<i>51,420</i>	<i>422</i>	<i>8.2</i>
<i>Missouri</i>	<i>399,460</i>	<i>2,876</i>	<i>7.2</i>
<i>United States</i>	<i>20,913,535</i>	<i>136,369</i>	<i>6.52</i>
<i>HP 2020 Target</i>			<i><= 6.0</i>

Low Birth Weight- Babies who are born with low birth weights are more likely to encounter health problems and require specialized medical care. Low birth weight is caused by premature birth and fetal growth restriction, which is influenced by a mother’s health and genetics. It is important for mothers to seek prenatal care, take prenatal vitamins, stop smoking, drinking alcohol, and using drugs to prevent low birth weight babies.

This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems, and can also highlight the existence of health disparities.

Figure 24: Low Birth Weight Indicator

<i>Report Area</i>	<i>Total Live Births</i>	<i>Low Weight Births (Under 2500g)</i>	<i>Low Weight Births, Percent of Total</i>
<i>Jackson County, MO</i>	<i>73,066</i>	<i>6,138</i>	<i>8.4%</i>
<i>Missouri</i>	<i>556,612</i>	<i>44,529</i>	<i>8%</i>
<i>United States</i>	<i>29,300,495</i>	<i>2,402,641</i>	<i>8.2%</i>
<i>HP 2020 Target</i>			<i><= 7.8%</i>

Priority 5: Thoracic Care

Overview

Thoracic care refers to every type and stage of lung cancer and other conditions within the lung and chest. According to the American Lung Association, more people die from lung cancer than any other type of cancer, exceeding the total deaths caused by breast cancer, colorectal cancer, and prostate cancer combined. The greatest factor for lung cancer tends to be smoking.

Prevalence

Thoracic conditions are not only a problem nationally, but more so locally in Saint Luke's Hospital's community. The rate at which lung cancer is diagnosed in Jackson County is on par with the state of Missouri, but significantly higher than the national average.

Figure 25: Lung Cancer Incidence

<i>Report Area</i>	<i>Total Population</i>	<i>Average New Cases per Year</i>	<i>Annual Incidence Rate (Per 100,000 Pop.)</i>
<i>Jackson County, MO</i>	<i>670,100</i>	<i>528</i>	<i>76</i>
<i>Missouri</i>	<i>5,955,802</i>	<i>5,128</i>	<i>76.1</i>
<i>United States</i>	<i>306,603,776</i>	<i>212,768</i>	<i>64.9</i>

Smoking- In Jackson County, an estimated 110,552, or 21.9% of adults age 18 or older self-report currently smoking cigarettes some days or every day. This indicator is relevant because tobacco use is linked to leading causes of death such as lung cancer.

Figure 26: Tobacco Usage- Current Smokers

<i>Report Area</i>	<i>Total Population Age 18</i>	<i>Total Adults Regularly Smoking Cigarettes</i>	<i>Percent Population Smoking Cigarettes (Crude)</i>	<i>Percent Population Smoking Cigarettes (Age-Adjusted)</i>
<i>Jackson County, MO</i>	<i>504,804</i>	<i>110,552</i>	<i>21.9%</i>	<i>22.2%</i>
<i>Missouri</i>	<i>4,532,155</i>	<i>1,024,267</i>	<i>22.6%</i>	<i>23.2%</i>
<i>United States</i>	<i>232,556,016</i>	<i>41,491,223</i>	<i>17.84%</i>	<i>18.08%</i>

Impact

Lung cancer is the leading cause of cancer death and the second most common cancer among both men and women in the United States.

In Jackson County, mortality rates due to lung disease are higher than both state and national averages.

Figure 27: Mortality- Lung Disease

<i>Report Area</i>	<i>Total Population</i>	<i>Average Annual Deaths, 2007-2011</i>	<i>Age-Adjusted Death Rate (Per 100,000 Pop.)</i>
<i>Jackson County, MO</i>	<i>669,941</i>	<i>362</i>	<i>52.18</i>
<i>Missouri</i>	<i>5,954,446</i>	<i>3,470</i>	<i>52</i>
<i>United States</i>	<i>306,486,831</i>	<i>137,478</i>	<i>42.67</i>

It is vital for persons to participate in healthy behaviors including avoiding smoking. Resources should be provided to help smokers quit and avoid second hand smoke, radon, asbestos and pollution.

The Saint Luke's Hospital CHNA was conducted in consultation with University of Kansas Medical Center Master's in Health Systems Administration Students Preetmanat Kaur, Megan Butts, John Rzeszut, and Kaitlin Smith. This team was overseen by Saint Luke's Health System representatives Audrey Hill, Robert Olm-Shipman (VP of Strategic Planning and Project Management), and Robert Bonney (Senior Vice President, Network Operations & Development)

and return on investment of various tax credits.

Gov. Eric Greitens earlier this year also called for a committee to review tax credits, saying they haven't lived up to promises and benefit "special interests and lobbyists."

But Kansas City political and civic leaders say two tax credit programs — Low Income Housing Tax Credit and the Historic

are used extensively in Kansas City, are among the largest programs.

Sean O'Bryne, vice president of business development for the Downtown Council of Kansas City, credited housing and historical credit programs for the renovation of several buildings in Kansas City's Library District that would not have occurred without the tax credits.

redeemed over long periods of time create significant liabilities to the Missouri budget, which in turn creates "uncertainty in the budget process."

The report suggested changing tax credit programs to reduce the period of time during which credits can be redeemed.

Steve Vockrodt:
816-234-4277

Jackson County officials cancel Fourth fireworks

BY MIKE HENDRICKS
mhendricks@kstar.com

After five years of hosting one of the largest Fourth of July events in the metro area, Jackson County has canceled this year's fireworks display and festival at Longview Lake.

"We don't have the budget for it," county spokeswoman Angie Jeffries said Wednesday.

The county announced the decision on its parks department website, saying the event was being put "on hold while we focus our time and resources on our many other events, including this year's 30th Annual Christmas in the Park Celebration."

A list of alternate fireworks displays will appear on the county's home page Thursday, Jeffries said.

About 15,000 people attended last year's free event, which in addition to fireworks featured skydivers, military tributes and a concert by The Romantics. In promotional material, the county billed it as "one of the greater Kansas City region's most popular" Fourth of July celebrations.

Then-County Executive Mike Sanders started the event in 2012 to fill the

gap left when several cities canceled their displays due to tight budgets brought on by the Great Recession.

Kansas City was hosting baseball's All-Star Game that year, and the celebration was billed as a gift to county taxpayers for making it possible to host the game by taxing them-

selves for stadium upgrades.

Sanders rounded up corporate donations in that year and ensuing ones to augment the county contributions.

Of the \$153,000 in total expenses last year, sponsorships accounted for \$58,000 and the remaining \$94,000 fell to county taxpayers.

Mike Hendricks:
816-234-4738,
@kcmikehendricks

PUBLIC NOTICE:

An application seeking approval for the acquisition of a new PET/CT System will be submitted by Saint Luke's Hospital of Kansas City to the Missouri Health Facilities Review Committee on June 30, 2017.

The amenities with nary an ounce of



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P.O. BOX 480572
KANSAS CITY, MISSOURI 64145



MISSOURI SENATE
JEFFERSON CITY

JASON HOLSMAN
7TH DISTRICT

June 27, 2017

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FISCAL OVERSIGHT
RULES, JOINT RULES, RESOLUTION & ETHICS
JOBS, ECONOMIC DEVELOPMENT &
LOCAL GOVERNMENT

Ms. Karla Houchins, Program Coordinator
Members of the Missouri Health Facilities Review Committee
3418 Knipp Drive, Post Office Box 570
Jefferson City, Missouri 65102

Dear Ms. Houchins and Committee Members:

St. Luke's Hospital of Kansas City has made application to the Missouri Health Facilities Review Committee to acquire a new PET/CT System. I would like to take this opportunity to lend my support on behalf of their application.

The St. Luke's hospital campus is located in my Senatorial district and the addition of the PET/CT System would greatly expand their ability to provide a state of the art health care services for the Kansas City metro area.

Thank you for your consideration and please do not hesitate to contact me if I may be of any assistance in facilitating St. Luke's application.

Sincerely,

A handwritten signature in cursive script that reads "Jason Holsman".

Senator Jason Holsman
7th District, Kansas City

Divider III. Community Need Criteria and Standards:

1. For new units address the need formula for the proposed geographic service area.

The Missouri Bureau of Vital Statistics data indicates that the 2020 population for our service area to be 867,271 . Based upon the population-based need formula as outlined in the Missouri Code of State Regulations (19 CSR 60-50, October 2014), the "community need rate" of one per 224,000 would indicate the need for 3.87 units. As there are currently 2.84 units located in the service area, unmet need would be for 1.03 units.

2. For new units, address the minimum annual utilization standard for the proposed geographic service area.

Based upon the new unit minimum annual utilization formula as outlined in the Missouri Code of State Regulations (19 CSR 60-50, October 2014), the utilization exceeds the minimum annual utilization rate of 1,000 for PET/CT imaging procedures.

3. For any new unit where specific need and utilization standards are not listed, provide the methodology for determining need.

Not Applicable.

4. For additional unites, document compliance with the optimal utilization standard, and if not achieved, provide documentation to justify the additional unit.

Not Applicable.

5. For evolving technology address the following:

Not Applicable.

Divider IV. Financial Feasibility Review Criteria and Standards:

1. Document that sufficient financing is available by providing a letter from a financial institution or an auditor's statement indicating that sufficient funds are available.

The ability to offer a wide range of services with the new PET/CT system should enable Saint Luke's Hospital of Kansas City to operate at high levels of efficiency and effectiveness. Saint Luke's Hospital of Kansas City, a member of Saint Luke's Health System, is financing this project with available cash, as outlined in the Proposed Project Budget (Exhibit I-3) on page 6. As documented in the Audited Consolidated Balance Sheet (Exhibit IV-1) on pages 71-82, Saint Luke's Health System has adequate cash reserves available to fund this project.

2. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) projected through three full years beyond project completion.

The required Service-Specific Revenues and Expenses information (Form MO 580-1865) has been included in this application as Exhibit IV-2 on page 83. Overhead expenses were calculated using current expenses in overhead departments allocated to patient care areas using hospital allocation methodology.

3. Document how patient charges are derived.

Patient charges are generally derived by accumulating all of the cost of services, including staff and supplies utilized during the course of the visit. Charges for each procedure are derived from the current charge description master and are dependent on the types of procedures performed along with a number of other variables.

4. Document responsiveness to the needs of the medically indigent.

Saint Luke's Hospital of Kansas City is second only to Truman Medical Center (taxpayer supported institution for indigent care) in the amount of indigent and charity care provided to the Kansas City Community. It is the policy of Saint Luke's Hospital to provide care to all those who seek care, regardless of their ability to pay for services. A copy of our existing policy for meeting the needs of the medically indigent is included in Exhibit IV-3 on page 84.



4401 Wornall Road
Kansas City, MO 64111
816-932-2000

June 21, 2017

Karla Houchins
Program Coordinator, Certificate of Need
Department of Health and Senior Services
3418 Knipp Drive, P.O. Box 570
Jefferson City, MO 65102

**RE: Saint Luke's Hospital of Kansas
Certificate of Need**

Dear Ms. Houchins:

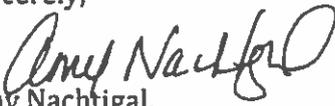
Enclosed are the auditor's report and the Balance Sheets from the most recent audited consolidated financial statements for Saint Luke's Health System, of which Saint Luke's Hospital is a component. Also included are footnotes related to cash and investments.

Included in Assets on the Balance Sheet are the following, stated at fair market value.

Title	Balances as of 12/31/16
Cash and cash equivalents	\$ 231,947,000
Short-term investments	\$ 69,934,000
Investments	\$ 349,777,000
Total	\$ 651,658,000

The cash, short-term investments and other investments outlined above and as depicted in the audited financial statements are available as needed for this capital acquisition. We believe the \$652 million of unrestricted cash and investments shown above are more than adequate for these purposes and it is our intention to utilize these funds as needed for this purpose.

Sincerely,


Amy Nachtigal,
Chief Financial Officer

Saint Luke's Health System, Inc.

Consolidated Balance Sheets
(In Thousands)

	December 31	
	2016	2015
Assets		
Current assets:		
Cash and cash equivalents	\$ 231,947	\$ 184,982
Short-term investments (Note 5)	69,934	69,783
Accounts receivable, less allowance for uncollectible accounts of \$54,105 in 2016 and \$49,822 in 2015	228,904	188,367
Other receivables	24,497	24,013
Inventories	25,678	24,643
Prepaid expenses	15,646	14,993
Total current assets	<u>596,606</u>	<u>506,781</u>
Property and equipment, net (Note 4)	964,248	951,536
Investments (Note 5)	349,777	321,117
Assets limited as to use (Note 5):		
Board-designated	926	902
Held by trustee:		
Under self-insurance arrangements	36,223	34,092
Restricted by donor or grantor	14,309	11,783
Total assets limited as to use	<u>51,458</u>	<u>46,777</u>
Other assets:		
Investment in affiliates	29,261	26,771
Interest in net assets of Foundation	166,570	163,791
Other	55,582	45,945
Total other assets	<u>251,413</u>	<u>236,507</u>
Total assets	<u>\$ 2,213,502</u>	<u>\$ 2,062,718</u>

	December 31	
	2016	2015
Liabilities and net assets		
Current liabilities:		
Current maturities of long-term debt <i>(Note 6)</i>	\$ 12,757	\$ 11,805
Accounts payable	75,866	70,161
Payroll-related liabilities	59,480	48,752
Estimated third-party payor settlements	21,971	25,163
Defined contribution plan obligations	15,535	15,217
Other	36,955	32,683
Total current liabilities	222,564	203,781
Reserve for self-insured risks <i>(Note 9)</i>	23,820	24,028
Long-term debt, less current maturities <i>(Note 6)</i>	594,825	555,715
Interest rate swap contracts <i>(Note 6)</i>	29,913	33,665
Pension obligation <i>(Note 8)</i>	41,592	43,483
Other noncurrent liabilities	57,938	30,634
Total liabilities	970,652	891,306
Net assets:		
Saint Luke's Health System, Inc.	1,059,662	994,778
Noncontrolling interest	2,482	1,059
Total unrestricted	1,062,144	995,837
Temporarily restricted <i>(Note 10)</i>	141,296	136,623
Permanently restricted <i>(Note 10)</i>	39,410	38,952
Total net assets	1,242,850	1,171,412
Total liabilities and net assets	\$ 2,213,502	\$ 2,062,718

See accompanying notes.

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

1. Background, Principles of Consolidation, and Summary of Significant Accounting Policies (continued)

Use of Estimates

The preparation of consolidated financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents

Cash and cash equivalents include investments in highly liquid debt instruments, generally with a maturity of three months or less when purchased.

Short-Term Investments

Short-term investments primarily are comprised of U.S. government obligations, corporate obligations, and fixed income funds internally designated as current assets because such amounts are available to meet the System's cash requirements.

Accounts Receivable

The System provides health care services through inpatient, outpatient, and ambulatory care facilities that provide services in the greater Kansas City metropolitan area and surrounding communities, and grants credit to patients, substantially all of whom are local residents. The System generally does not require collateral or other security in extending credit to patients; however, it routinely obtains assignment of (or is otherwise entitled to receive) patients' benefits payable under its health insurance programs, plans, and policies including, but not limited to, Medicare, Medicaid, health maintenance organizations, and commercial insurance policies.

Accounts receivable are stated at net realizable value. The allowance for uncollectible accounts is based upon management's assessment of historical and expected net collections, considering business and general economic conditions in its service area, trends in health care coverage, and other collection indicators. For receivables associated with services provided to patients who have third-party coverage (including copayment and deductible amounts from patients), the

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

4. Property and Equipment

Property and equipment consist of the following:

	December 31	
	2016	2015
	<i>(In Thousands)</i>	
Land and improvements	\$ 62,348	\$ 53,741
Buildings and improvements	1,067,112	995,011
Fixed equipment	210,129	208,502
Movable equipment	428,160	408,619
Software	111,482	97,437
	1,879,231	1,763,310
Less accumulated depreciation	928,980	846,948
	950,251	916,362
Construction-in-progress	13,997	35,174
Total property and equipment, net	\$ 964,248	\$ 951,536

The System's Board of Directors has also approved certain construction, renovation, information systems, and other projects throughout the System. As of December 31, 2016, the System had outstanding construction and other commitments of \$21.2 million related to these projects.

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

5. Investments and Assets Limited as to Use

The composition of investments and assets limited as to use is as follows:

	December 31	
	2016	2015
	<i>(In Thousands)</i>	
Cash and cash equivalents	\$ 34,916	\$ 24,629
Commercial paper	1,500	-
Fixed income funds	99,683	99,233
Common trust fixed income funds	38,543	45,097
Common trust equity fund	83,404	76,410
Domestic equity securities	17,091	13,753
International equity mutual funds	8,161	2,367
International equity funds	79,085	74,983
Diversified liquid real assets	30,926	27,269
Managed future fund	14,103	14,791
Private equity	42,626	37,254
Hedge funds of funds	21,016	21,731
Accrued interest receivable and other	115	160
Total	\$ 471,169	\$ 437,677
Presented as:		
Short-term investments	\$ 69,934	\$ 69,783
Investments	349,777	321,117
Assets limited as to use	51,458	46,777
Total	\$ 471,169	\$ 437,677

Common trust fixed income funds and common trust equity funds generally are redeemable in less than five days. Private equity funds are generally not available to be redeemed except as distributed by the fund. As of December 31, 2016, the System had committed \$19.0 million to additional investments in private equity funds. The majority of the hedge funds of funds held are redeemable on a quarterly basis with 60 days' notice.

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

5. Investments and Assets Limited as to Use (continued)

Because of the timing of the preparation and delivery of financial statements for limited partnership investments, the use of the most recently available financial statements provided by the general partners results in a month to quarter delay in the inclusion of the limited partnership results in the consolidated statements of operations and changes in net assets. Due to this delay, these consolidated financial statements do not yet reflect the market conditions experienced in the last one to three months of the fourth quarter of fiscal 2016 for the limited partnerships that are reported under the equity method of accounting.

Investment return is summarized as follows:

	Year Ended December 31	
	2016	2015
	<i>(In Thousands)</i>	
Interest, dividends, and net realized gain, net	\$ 5,256	\$ 9,793
Change in unrealized gain (loss), net	23,265	(13,839)
Total investment return	\$ 28,521	\$ (4,046)
Included in other revenue	\$ 69	\$ 1,221
Included in investment return	27,749	(5,478)
Included in temporarily restricted net assets	703	211
Total investment return	\$ 28,521	\$ (4,046)

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

6. Long-Term Debt (continued)

Operating Leases

The System leases facility space and certain diagnostic and other equipment under long-term operating leases as a normal part of its operation. At December 31, 2016, future noncancelable lease commitments consist of the following:

<u>Year Ending December 31</u>	<u>Lease Commitments (In Thousands)</u>
2017	\$ 14,234
2018	12,872
2019	12,596
2020	11,997
2021	11,191
Thereafter	48,925
	<u>\$ 111,815</u>

Rental expense under cancelable and noncancelable leases was \$14.6 million and \$17.0 million in 2016 and 2015, respectively.

7. Fair Value Measurements

The System determines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Fair Value Measurements and Disclosures Topic of the Financial Accounting Standards Board's Accounting Standards Codification (ASC), establishes a fair value hierarchy that prioritizes the inputs used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to unobservable inputs (Level 3 measurement).

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

7. Fair Value Measurements (continued)

Certain of the System's financial assets and financial liabilities are measured at fair value on a recurring basis, including money market, fixed income and equity instruments, and interest rate swap contracts. The three levels of the fair value hierarchy and a description of the valuation methodologies used for instruments measured at fair value, are as follows:

Level 1 – Quoted prices (unadjusted) in active markets for identical assets or liabilities as of the reporting date. Level 1 primarily consists of financial instruments such as money market securities and listed equities.

Level 2 – Pricing inputs other than quoted prices included in Level 1 that are either directly observable or that can be derived or supported from observable data as of the reporting date. Instruments in this category include certain commercial paper, common trust fixed income funds, common trust equity funds, and interest rate swap contracts depending on the significance of the credit value adjustment.

Level 3 – Pricing inputs include those that are significant to the fair value of the financial asset or financial liability and are not observable from objective sources. In evaluating the significance of inputs, the System generally classifies assets or liabilities as Level 3 when their fair value is determined using unobservable inputs that individually, or when aggregated with other unobservable inputs, represent more than 10% of the fair value of the assets or liabilities. These inputs may be used with internally developed methodologies that result in management's best estimate of fair value.

Certain of the System's alternative investments are primarily made through limited liability companies (LLCs) and limited liability partnerships (LLPs), which provide the System with a proportionate share of the investment gains (losses). The System accounts for its ownership in the LLCs and LLPs under the equity method.

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

7. Fair Value Measurements (continued)

The fair value of financial assets and liabilities measured at fair value on a recurring basis was determined using the following inputs at December 31, 2016:

	Total Value	Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<i>(In Thousands)</i>				
Assets				
Cash and cash equivalents	\$ 34,916	\$ 34,916	\$ -	\$ -
Commercial paper	1,500	-	1,500	-
Fixed income funds	99,683	99,683	-	-
Common trust fixed income funds	16,869	16,576	293	-
Common trust equity funds	513	-	513	-
Domestic equity securities	17,091	17,091	-	-
International equity mutual funds	8,161	8,161	-	-
Diversified liquid real assets	17,567	17,567	-	-
	196,300	\$ 193,994	\$ 2,306	\$ -
Reconciling items				
Investments recorded on an equity basis	117,673			
Investments recorded at fair value based on net asset value	157,081			
Accrued interest and other	115			
Investments per balance sheet	<u>\$ 471,169</u>			
Liabilities				
Obligation under interest rate swap contracts	\$ (29,913)	\$ -	\$ (29,913)	\$ -

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

7. Fair Value Measurements (continued)

The fair value of financial assets and liabilities measured at fair value on a recurring basis was determined using the following inputs at December 31, 2015:

	Total Value	Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<i>(In Thousands)</i>				
Assets				
Cash and cash equivalents	\$ 24,629	\$ 24,629	\$ —	\$ —
Fixed income funds	99,233	99,233	—	—
Common trust fixed income funds	4,539	4,539	—	—
Domestic equity securities	13,753	13,753	—	—
International equity mutual funds	2,367	2,367	—	—
Diversified liquid real assets	15,072	15,072	—	—
	159,593	\$ 159,593	\$ —	\$ —
Reconciling items				
Investments recorded on an equity basis	110,575			
Investments recorded at fair value based on net asset value	167,350			
Accrued interest and other	159			
Investments per balance sheet	\$ 437,677			
Liabilities				
Obligation under interest rate swap contracts	\$ (33,665)	\$ —	\$ (33,665)	\$ —

Saint Luke's Health System, Inc.

Notes to Consolidated Financial Statements (continued)

7. Fair Value Measurements (continued)

The fair values of the securities included in Level 1 were determined through quoted market prices. The fair values of Level 2 securities were determined through evaluated bid prices based on recent trading activity and other relevant information, including market interest rate curves and referenced credit spreads, and estimated prepayment rates, where applicable, are used for valuation purposes as provided by third-party pricing services where quoted market values are not available. The fair values of the interest rate swap contracts are determined based on the present value of expected future cash flows using discount rates appropriate with the risks involved and are included in Level 2 or Level 3 depending on the significance of the credit value adjustment. Due to the volatility of the capital markets, there is a reasonable possibility of significant changes in fair value and additional gains or losses in the near term subsequent to December 31, 2016.

The carrying amounts reported in the consolidated balance sheets for cash and cash equivalents, accounts receivable, other current assets, and current liabilities are reasonable estimates of their fair value due to the short-term nature of these financial instruments.

The estimated fair value of the System's fixed-rate bonds are based on quoted market prices for the same or similar issues and approximate \$394.4 million and \$370.6 million as of December 31, 2016 and 2015, respectively, which included a consideration of third-party credit enhancement, of which there was no impact. The carrying amount of the System's fixed-rate bonds as recorded in the System's consolidated balance sheets was \$410.2 million and \$345.9 million as of December 31, 2016 and 2015, respectively. The estimated fair value of the System's variable rate bonds approximates the carrying amount of \$163.3 million and \$190.0 million as of December 31, 2016 and 2015, respectively.



Certificate of Need Program

SERVICE-SPECIFIC REVENUES AND EXPENSES

Project Title:

Project #:

Historical Financial Data for Latest Three Full Years plus Projections Through Three Full Years Beyond Project Completion

Use an individual form for each affected service with a sufficient number of copies of this form to cover entire period, and fill in the years in the appropriate blanks.

	Year		
	<u>2018</u>	<u>2019</u>	<u>2020</u>
Amount of Utilization:*	<u>5,796</u>	<u>6,086</u>	<u>6,390</u>
Revenue:			
Average Charge**	<u>\$2,470</u>	<u>\$2,593</u>	<u>\$2,723</u>
Gross Revenue	<u>\$14,314,903</u>	<u>\$15,782,751</u>	<u>\$17,399,651</u>
Revenue Deductions	<u>11,743,423</u>	<u>12,947,695</u>	<u>14,274,001</u>
Operating Revenue	<u>2,571,480</u>	<u>2,835,056</u>	<u>3,125,650</u>
Other Revenue	<u>0</u>	<u>0</u>	<u>0</u>
TOTAL REVENUE	<u>\$2,571,480</u>	<u>\$2,835,056</u>	<u>\$3,125,650</u>
Expenses:			
Direct Expenses			
Salaries	<u>191,984</u>	<u>196,784</u>	<u>201,704</u>
Fees	<u>0</u>	<u>0</u>	<u>0</u>
Supplies	<u>53,202</u>	<u>53,919</u>	<u>54,679</u>
Other	<u>0</u>	<u>0</u>	<u>0</u>
TOTAL DIRECT	<u>\$245,186</u>	<u>\$250,703</u>	<u>\$256,383</u>
Indirect Expenses			
Depreciation	<u>610,911</u>	<u>610,911</u>	<u>610,911</u>
Interest***	<u>0</u>	<u>0</u>	<u>0</u>
Rent/Lease	<u>0</u>	<u>0</u>	<u>0</u>
Overhead****	<u>923,971</u>	<u>970,170</u>	<u>1,018,678</u>
TOTAL INDIRECT	<u>\$1,534,882</u>	<u>\$1,581,081</u>	<u>\$1,629,589</u>
TOTAL EXPENSES	<u>\$1,780,068</u>	<u>\$1,831,784</u>	<u>\$1,885,972</u>
NET INCOME (LOSS):	<u>\$791,412</u>	<u>\$1,003,272</u>	<u>\$1,239,678</u>

*Utilization will be measured in "patient days" for licensed beds, "procedures" for equipment, or other appropriate units of measure specific to the service affected.

**Indicate how the average charge/procedure was calculated.

***Only on long term debt, not construction.

****Indicate how overhead was calculated.



Saint Luke's

HEALTH SYSTEM

SLHS POLICY & PROCEDURE

FIN-010

TITLE: Financial Assistance for Medically Indigent Patients

SECTION: Finance (FIN)

PURPOSE

To assure that financial assistance options are available to all medically indigent patients and guarantors who are unable to pay for medically necessary services provided by Saint Luke's Health System ("Saint Luke's") while ensuring Saint Luke's compliance with State and Federal laws and regulatory guidance pertaining to charity care and financial assistance.

POLICY

Saint Luke's Health System provides financial assistance for medically indigent patients who meet eligibility criteria outlined in this Policy.

Situations where the provision of financial assistance will be considered include but are not limited to:

- Uninsured patients who do not have the ability to pay
- Insured patients who do not have the ability to pay for portions not covered by insurance
- Deceased patient with no estate, and no living trust
- Patients involved in catastrophic illness or injury

DEFINITION(S)

Amounts Generally Billed – The Amounts Generally Billed (AGB) is the amount generally allowed by Medicare fee for service and private health insurers for emergency and other medically necessary care. SLHS uses the look back method to determine AGB.

Catastrophic Medical Expense – A Catastrophic Medical Expense is defined as patient's financial responsibility exceeding 20% of the annual income and financial resources available to the patient and/or guarantor.

Co Pay – Minimum amount due from patients who qualify for financial assistance. Co pay does not exceed AGB.

Federal Poverty Guidelines - Federal Poverty Guidelines(FPL) means those guidelines issued by the Federal Government that describe poverty levels in the United States based on a person or family's household income. The Federal Poverty Guidelines are adjusted according to inflation and published in the Federal Register. For the purposes of this policy, the most current annual guidelines will be utilized.

Look Back Method – Look Back Method is a prior twelve (12) month period used when calculating Amounts Generally Billed.

ISSUED BY:	Vice President Mission & Community Services and Vice President Revenue Cycle
EFFECTIVE DATE:	01/01/2016
SUPERSEDES EFFECTIVE DATE:	03/01/2002, 05/2003, 10/2004, 03/2005, 01/2006, 06/24/2006, 01/2008, 04/2008, 05/2008, 01/01/2009, 12/01/2010, 01/01/2011, 12/18/2013, 04/11/2014, 05/15/2015
APPROVED BY:	Senior VP Finance & Administration/Chief Financial Officer
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TITLE: Financial Assistance for Medically Indigent Patients
SECTION: Finance (FIN)

Medically Necessary Services - Medically necessary services are services that are reasonable and medically necessary for the prevention, diagnosis, or treatment of a physical or mental illness or injury; to achieve age appropriate growth and development; to minimize the progression of a disability; or to attain, maintain, or regarding functional capacity; in accordance with accepted standards of practice in the medical community of the area in which the physical or mental health services rendered; and service(s) is (are) furnished in the most appropriate setting. Medically necessary services are not used primarily for convenience and are not considered experimental or excessive form of treatment.

Medically Indigent - A medically indigent patient is defined as a person who has demonstrated that he/she is too impoverished to meet his or her medical expenses. The medically indigent patient may or may not have an income and may or may not be covered by insurance. Each patient's financial position will be evaluated individually using the Federal Poverty Limit as a guideline.

PROCEDURE

Applying for Financial Assistance

Medical indigence must be demonstrated through documentation, financial screening or by presumptive scoring. This determination can be made while the patient is in the hospital, shortly after dismissal, during the normal internal collection efforts and after placement with an outside collection agency. Requests for financial assistance are accepted for up to 1 year from the date of service.

Patients apply for financial assistance by completing a Statement of Financial Position form and providing supporting documents as requested. Patients may obtain a Statement of Financial Position form by requesting in writing or by contacting the business office by phone or email. The Statement of Financial Position form is also available on the Saint Luke's website www.saintlukeshealthsystem.org/charity-care. Supporting documentation may be required including items such as Federal Income Tax Return, IRS non filing letter, recent bank statements, recent pay check stubs, letter from Medicaid eligibility office denying Medicaid coverage and other documents that support the patient/household income, assets and financial position.

Under special circumstances the requirement to complete the Statement of Financial: position and/or provide additional documents may be waived with supervisor or manager approval. Examples of special circumstances include but are not limited to Medicaid eligible patients receiving non covered medically necessary or emergent services, patients that potentially qualify based on presumptive scoring, patients unable to provide documents, and homeless patients.

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APPROVED BY:	Senior VP Finance & Administration/Chief Financial Officer
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TITLE: Financial Assistance for Medically Indigent Patients
SECTION: Finance (FIN)

Assistance with the application process is provided by billing office staff or hospital admitting staff. Assistance may be requested by phone or in person by calling or visiting the locations identified in the Request a Copy section.

Financial assistance applications are valid for six (6) months after approval date. Financial assistance may be extended for an additional six (6) months with affirmation of the household income or estimated income and household size. All patients must reapply after the initial twelve (12) month period is over.

Financial Assistance Determination

A patient's eligibility for financial assistance is not determined until activities to identify and secure payment from Medicare, Medicaid, Crime Victims, other government programs, other funded programs, medical insurance, auto insurance personal injury protection (PIP) or med pay, liability liens, estate claims or any other possible appropriate source for payment are exhausted. Reversal of financial assistance adjustments must be made if subsequent third party payments are received. Financial assistance is to be considered the adjustment of last resort.

Uninsured patients may receive a uninsured patient discount. If the patient qualifies for financial assistance, the uninsured discount is reversed and the financial assistance adjustment is posted.

A patient's eligibility for financial assistance is based on the household income at the time assistance is sought, expressed as a percentage of the Federal Poverty Guideline for family size.

Household Income is defined as:

Adults: If the patient is an adult, "Yearly Household Income" means the sum of the total yearly gross income or estimated yearly income of the patient and the patient's spouse.

Minors: If the patient is a minor, "Yearly Household Income" means the sum of the total yearly gross income or estimated yearly income of the patient, and patient's parent(s) living in the home.

Household size is defined as:

Adults: In calculating the Household Size, include the patient, the patient's spouse, and any dependents (as defined by the Internal Revenue Code (IRC)).

Minors: In calculating the Household Size, include the patient, the patient's mother, the patient's father, dependents of the patient's mother, and dependents of the patient's father (as defined by IRC).

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APPROVED BY:	Senior VP Finance & Administration/Chief Financial Officer
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TITLE: Financial Assistance for Medically Indigent Patients
SECTION: Finance (FIN)

Financial resources such as checking accounts, savings accounts, IRA's, CD's, retirement savings, and investments may be considered when determining a patient's ability to pay. In all cases the patient's and responsible party's overall financial position and household income are considered when determining financial assistance.

Financial assistance eligibility is based on the Federal Poverty Guideline and other financial resources. The Federal Poverty Guideline is used as a guideline and applied considering type of service and provider setting differences. The Federal Poverty Guideline as used for the purposes of determining financial assistance is outlined later in this policy.

For unscheduled inpatient or observation admissions, a co pay (minimum patient responsibility) per admission may be due to the hospital. Financial assistance up to 100% of billed charges less the co pay may be provided for hospital services.

For emergency room visits that do not result in an admission, a co pay per emergency room visit may be due to the hospital. Financial assistance up to 100% of billed charges less the co pay may be provided.

For scheduled hospital services, including all scheduled inpatient and outpatient services, financial assistance is limited to no more than 75% of billed charges. See Patient Accounts Payment Policy for Scheduled Services for information regarding the financial screening and approval process as well as payment requirements for scheduled services

Basis for Calculating Amounts Generally Billed –Hospital Accounts Only

After the patient's account is reduced by the financial assistance adjustment based on this policy and guidelines, the patient is responsible for no more than amounts generally billed to individuals who have Medicare fee for service and private health insurers for emergency and other medically necessary care. The Look Back Method is used to determine AGB.

The AGB summary document describes the calculation and states the percentage used by the hospital. The Amounts Generally Billed summary is available on the Saint Luke's website.

www.saintlukeshealthsystem.org/charity-care

Patients or members of the public may request a copy of this policy available at no charge at the hospital admitting office or by contacting the billing office. The hospital locations and hospital billing office contact information is provided under Request a Copy section of this policy.

ISSUED BY:	Vice President Mission & Community Services and Vice President Revenue Cycle
EFFECTIVE DATE:	01/01/2016
SUPERSEDES EFFECTIVE DATE:	03/01/2002, 05/2003, 10/2004, 03/2005, 01/2006, 06/24/2006, 01/2008, 04/2008, 05/2008, 01/01/2009, 12/01/2010, 01/01/2011, 12/18/2013, 04/11/2014, 05/15/2015
APPROVED BY:	Senior VP Finance & Administration/Chief Financial Officer
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TITLE: Financial Assistance for Medically Indigent Patients
SECTION: Finance (FIN)

Presumptive Eligibility

SLHS receives recommendations from third parties who independently evaluate propensity to pay and probability of charity. SLHS may rely on those recommendations for the basis of determining financial assistance when a patient does not complete an application. Patients qualifying for presumptive eligibility may receive full or partial assistance. If partial assistance is approved, the patient receives a bill for the reduced amount owed. The patient is notified of partial approval and how they can apply for financial assistance to determine if additional assistance is available. If the patient applies for additional assistance, the application is reviewed and the patient is notified of the decision. Patients that are not approved for full financial assistance receive a statement.

The FPL% guidelines are applied as follows:

Saint Luke's Hospital, Saint Luke's Northland Hospital, Saint Luke's South Hospital, Saint Luke's East Hospital, Saint Luke's Cushing Hospital and Crittenton Children's Center

<u>Income % of FPL</u>	<u>Charity</u>	<u>Patient Responsibility</u>
Unscheduled inpatient and observation admissions.		
133% or less FPL	100%	0%
134% - 200% FPL	100% less co-pay	\$700 co-pay per admission/account
201% - 300% FPL	100% less co-pay	\$1,500 co-pay per admission/account

Financial resources such as checking accounts, savings accounts, IRA's, CD's, retirement savings, and investments are considered when determining a patient's ability to pay

Patients with religious objections or American Indians with objections to insurance or government programs may owe greater amounts when approved for financial assistance but not exceeding AGB. The ability of the patient to pay along with ability of religious or tribal community to pay the bill is considered.

Emergency room visits not resulting in admission

Less than 300% FPL	100% less co-pay	\$150 per visit co pay
--------------------	------------------	------------------------

Catastrophic medical expense is defined as patient responsibility exceeding 20% of annual income and financial resources available to the patient and/or guarantor. In situations where a patient has a catastrophic medical expense the patient financial responsibility after charity may be reduced to an amount equal to 20% of annual income and financial resources. The patient's financial responsibility after financial assistance will not exceed AGB.

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TITLE: Financial Assistance for Medically Indigent Patients
SECTION: Finance (FIN)

Saint Luke's Regional Lab Accounts

<u>Income % of FPL</u>	<u>% Charity</u>	<u>% Patient Responsibility</u>
133% or less	100%	0%
>133%	0%	100%

**Anderson County Hospital
Hedrick Medical Center
Wright Memorial Hospital**

<u>Income % of FPL</u>	<u>% Charity</u>	<u>% Patient Responsibility</u>
133% or less	100%	0%
134% to 150%	75%	25%
151% to 175%	50%	50%
176% to 200%	30%	70%
>200%	0%	100%

Financial resources such as checking accounts, savings accounts, IRA's, CD's, retirement savings, and investments are considered when determining a patient's ability to pay

Patients with religious objections or American Indians with objections to insurance or government programs may owe greater amounts when approved for financial assistance but not exceeding AGB. The ability of the patient to pay along with ability of religious or tribal community to pay the bill is considered.

Emergency room visits not resulting in admission

Less than 200% FPL 100% less co-pay \$150 per visit co-pay

Catastrophic medical expense is defined as patient responsibility exceeding 20% of annual income and financial resources available to the patient and/or guarantor. In situations where a patient has a catastrophic medical expense the patient financial responsibility after charity may be reduced to an amount equal to 20% of annual income and financial resources. The patient's financial responsibility after financial assistance will not exceed AGB.

Regional Hospitals and associated clinics may be approved sites for the National Health Services Corps (NHSC). When this situation exists, those Regional Hospitals and associated clinics will follow the guidelines as established and approved by the NHSC.

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TITLE: Financial Assistance for Medically Indigent Patients
SECTION: Finance (FIN)

Professional medical services provided by physicians employed by an SLHS entity and by contracted physicians with revenue cycle managed by an SLHS entity.

Unscheduled Inpatient and Observation facility settings

<u>Income % of FPL</u>	<u>% Charity</u>	<u>% Patient Responsibility</u>
133% or less	100%	0%
134% to 200%	75%	25%
201% to 300%	50%	50%

Approval

Financial assistance may be approved by a patient account employee, supervisor, manager, director, vice president, controller or CFO. Management review and approval is required as defined in the Patient Account Adjustment and Action Approval Levels Policy (FIN-067).

Requests for financial assistance by Saint Luke's employees require the approval of the Vice President of Revenue Cycle and Chief Financial Officer for the entity holding the unpaid patient account.

Patient Refunds

The hospital will refund any amount the individual has paid for care that exceeds the amount he or she is determined to be personally responsible for paying as a financial assistance policy eligible individual, unless such amount is less than \$5 (or such other amount set by notice or other guidance published by the Internal Revenue Bulletin).

Financial Assistance Policy Availability to Patients

Information about the availability of financial assistance appears on patient statements and is posted on signs in hospital registration areas. The financial assistance policy, plain language summary of policy and financial assistance application form with instructions are available on the Saint Luke's website.

www.saintlukeshealthsystem.org/charity-care

Patients or members of the public may request a copy of this policy available at no charge at the hospital admitting office or by contacting the billing office. The hospital locations and hospital billing office contact information is provided under Request a Copy section of this policy.

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APPROVED BY:	Senior VP Finance & Administration/Chief Financial Officer
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TITLE: Financial Assistance for Medically Indigent Patients
SECTION: Finance (FIN)

Patient Billing and Collection

Statements are sent to patients to advise them of balances due. Balances are considered delinquent when the patient fails to make either acceptable payment or acceptable payment arrangements before the next statement. Patients are notified of delinquent balances by messages on the statements, by phone calls, by final notices or by collection letters. Delinquent accounts may be placed for collection if the patient fails to respond.

Presumptive eligibility may be used to determine eligibility for financial assistance. The estimated income and family size or likelihood of payment may qualify the patient for financial assistance. When presumptive eligibility results in 100% charity, the account is adjusted accordingly. When presumptive eligibility results in partial charity, the patient is notified in writing of partial charity and that they can apply for additional charity by completing an application. The patient is provided a reasonable time period in which to apply for additional assistance. Patients may apply for financial assistance before, during or after services are provided.

The Vice President of Revenue Cycle or Chief Financial Officer has the final authority or responsibility for determining that the hospital facility policies and procedures make a reasonable efforts to determine whether an individual is FAP eligible and therefore engage in ECAs against the individual.

Delinquent accounts are placed for collection. The policies and practices of the collection agency follow the Fair Debt Collection Practices Act. The agency demonstrates a patient relations approach in all its practices. The agency utilizes a variety of collection methods including letters and phone calls.

Collection Suit

Saint Luke's Health System (SLHS), the collection agency and collection law firm (law firm) work with patients to avoid filing a suit for collections whenever possible. When settlement or payment arrangements are not agreed to and/or met, SLHS may file suit in an attempt to collect on delinquent accounts. When a patient applies for or is screened for financial assistance and is not approved, SLHS may file suit in an attempt to collect on delinquent accounts. All requests for suit are approved by billing office or CFO.

If a patient is in contact with the collection agency or law firm prior to garnishment, an attempt is made to settle the account or negotiate a payment arrangement that is reasonable under the circumstances. As long as the patient makes timely payments as agreed under a negotiated arrangement, no garnishment will be requested. Garnishments are filed after judgment is received unless a court ordered stay is in place or a payment arrangement has been negotiated and has not been broken. If the law firm believes that the debtor's employment has been terminated, garnishment may be held until a place of employment is located.

ISSUED BY:	Vice President Mission & Community Services and Vice President Revenue Cycle
EFFECTIVE DATE:	01/01/2016
SUPERSEDES EFFECTIVE DATE:	03/01/2002, 05/2003, 10/2004, 03/2005, 01/2006, 06/24/2006, 01/2008, 04/2008, 05/2008, 01/01/2009, 12/01/2010, 01/01/2011, 12/18/2013, 04/11/2014, 05/15/2015
APPROVED BY:	Senior VP Finance & Administration/Chief Financial Officer
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TITLE: Financial Assistance for Medically Indigent Patients
SECTION: Finance (FIN)

Patients approved for partial financial assistance may owe a balance on the account. The patient receives a financial assistance partial approval letter that explains the amount approved for financial assistance and the amount the patient owes. The patient receives statements requesting payment. If payment is not made the account becomes delinquent and a final notice is sent. If the patient does not pay the balance, make payment arrangements or request additional financial assistance, the account may be placed with an agency for collection. After placement with an agency the delinquent account may be approved for collection suit. If judgment is obtained, the hospital or entity may garnish wages to recover payment to the extent allowed for in regulations.

Request a Copy

The Financial Assistance for Medically Indigent Patients policy, Financial Assistance Application, or Plain Language Summary, are available free of charge on line at www.saintlukeshealthsystem.org/charity-care, in person at hospital admitting offices or by calling the billing office..

Saint Luke's Health System Centralized Hospital Business Office
816-932-5678 or 888-581-9401

Saint Luke's Hospital of Kansas City
4401 Wornall Road
Kansas City, MO 64111

Saint Luke's East Hospital
100 N. E. Saint Luke's Blvd.
Lee's Summit, MO 64086

Saint Luke's North Hospital-Barry Road
5830 N.W. Barry Road
Kansas City, MO 64154

Saint Luke's North Hospital-Smithville
601 S. 169 Highway
Smithville, MO 64089

Saint Luke's South Hospital
12300 Metcalf Ave.
Overland Park, KS 66213

Saint Luke's Cushing Hospital
711 Marshall St.
Leavenworth, KS 66048

Crittenton Children's Center
10918 Elm Ave.
Kansas City, MO 64134

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TITLE: Financial Assistance for Medically Indigent Patients
SECTION: Finance (FIN)

Regional Hospitals:

Anderson County Hospital
421 S Maple
Garnett, KS 66032
785-204-4002

Hedrick Medical Center
2799 N. Washington St.
Chillicothe, MO 64601
660-214-8150

Wright Memorial Hospital
191 Iowa Blvd.
Trenton, MO 64683
660-358-5871

Saint Luke's Health System Physicians Centralized Business Office 816-502-7100
Saint Luke's Physician Specialists
Saint Luke's Cardiovascular Consultants
Saint Luke's Medical Group
Medical Plaza Imaging Associates
Midwest Ear Institute

Rockhill Orthopedic Specialists 816-246-4302
Advanced Urologic Associates 816-251-5100

Measures to Publicize the Financial Assistance Policy

The measures used to widely publicize this Policy to the community and patients include, but are not limited to the following:

- Posting the Policy, Financial Assistance Application and plain language summary on the Saint Luke's website at the following location: www.saintlukeshealthsystem.org/charity-care.
- Copies of the Policy, Financial Assistance Application and plain language summary may be downloaded and print from [saintlukeshealthsystem.org/charity care](http://saintlukeshealthsystem.org/charity-care)
- Paper copies of the Policy, application and plain language summary are available to patients upon request and without charge. The patient may call to request or ask at the hospital business office or admitting department.
- Providing information when a patient calls the business office.
- Posting a notice in the emergency department and admitting areas of the hospitals.

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- Including a message on hospital patient statements to notify and inform patients of the availability of financial assistance and where to call for information and application.
- Saint Luke's staff discusses when appropriate, in person or during billing and customer service phone contacts with patients.

IN COLLABORATION WITH

System Director Professional Fee Revenue Cycle
SLHS Chief Compliance Officer
Vice President of Taxation
Vice President of Mission and Community Services
Vice President of Revenue Cycle
Chief Financial Officers

The Financial Assistance for Medically Indigent Patients policy (FIN-010) was approved by the Saint Luke's Health System Board of Directors on December 15, 2015

REFERENCES

Patient Accounts Adjustment and Action Approval Levels (FIN-067)

Patient Accounts Payment Policy for Scheduled Services (FIN-029)

SEE ALSO

Statement of Financial Position (SYS 153 English and SYS 154 Spanish)

Financial Assistance Summary (SYS 155)

Financial Assistance Policy Plain Language Summary (SYS-590)

SLHS Entities Covered by this Policy: This policy applies to all SLHS entities including all hospitals:

Anderson County Hospital (d/b/a for Saint Luke's Hospital of Garnett, Inc.)
Crittenton Children's Center
Hedrick Medical Center (d/b/a for Saint Luke's Hospital of Chillicothe)
Saint Luke's Cushing Hospital
Saint Luke's East Hospital
Saint Luke's Hospital of Kansas City
Saint Luke's North Hospital (d/b/a for Saint Luke's Northland Hospital Corporation)
Saint Luke's South Hospital, Inc.

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TITLE: Financial Assistance for Medically Indigent Patients
SECTION: Finance (FIN)

Wright Memorial Hospital (d/b/a for Saint Luke's Hospital of Trenton, Inc.)
Saint Luke's Physician Specialists, LLC
Saint Luke's Cardiovascular Consultants
Saint Luke's Medical Group
Medical Plaza Imaging Associates, LLC
Midwest Ear Institute
Advanced Urology Associates
Rockhill Orthopedics

Providers Not Covered by this Policy:

Physicians or medical professionals provide care to patients or assist with patient treatment by reading lab work, interpreting medical tests, performing medical tests and individual patient physician services. The physicians and medical professionals not employed by Saint Luke's Health System or its subsidiaries are not covered by this Policy. The following are not covered by this policy:

Metro Emergency Physicians, LLC
Docs Who Care (emergency physicians)
Quality ER Care, LLC
EMS, LLC (emergency physicians)
St. Luke's Pathology Associates, P.A. (Ameripath)
New York Blood Center (dba Community Blood Center)
Alliance Radiology, P.A.
Leavenworth Radiology
Leroy James Bowes, CRNA (anesthesia)
Have a Nice Day Anesthesia Associates, LLC

If you have questions about whether a specific provider is covered or not covered by this policy, please call 816-502-7027.

APPROVALS

Chuck Robb, Senior Vice President and Chief
Financial Officer

12/18/2015

Date

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